

ROYAL PHARMACEUTICAL SOCIETY

National Pharmacy Board (NPB) meeting – 9 November 2023

**NATIONAL PHARMACY BOARD OPEN BUSINESS AGENDA – 9 November 2023 at 9:00am Events Space, East
Smithfield
Layout: Cabaret Style**

Subject	Purpose	Related papers/slides	Objective	Item led by	Item Chaired
Item 1 9:00 Welcome (explain the format of the day)	For discussion	Verbal	To welcome members and observers to the meeting	Geraldine Mccaffrey, Chair WPB	Geraldine Mccaffrey, Chair WPB
Item 2 9:05 Getting to know your table	Team interaction	Verbal	To introduce yourself to the table and your pharmacy background	Geraldine Mccaffrey, Chair WPB	Geraldine Mccaffrey, Chair WPB
Item 3 9:15 Apologies	For noting	Verbal	To note apologies received: SPB: Tamara Cairney (TC), Andrew Carruthers (AC), Lucy Dixon (LD), Jacqueline Sneddon (JS) and EPB: Bayo Adegbite (AB) WPB: Richard Evans	Geraldine Mccaffrey, Chair WPB	Geraldine Mccaffrey, Chair WPB

Item 4 a. Declarations of Interest b. Board members functions and duties	For noting	23.11/EPB/ SPB/WPB.04a 23.11/NPB/04b	To note declarations of interest (either standing interests or interests specific to this meeting) and to note Board members functions and duties	Geraldine Mccaffrey, Chair WPB	Geraldine Mccaffrey, Chair WPB
Item 5 Minutes and matters arising	For decision	23.11/EPB/05 23.11/SPB/05 23.11/WPB/05	To approve minutes from the open business of NPB meeting on 20 September 2023 and to discuss the matters arising from these minutes	Geraldine Mccaffrey, Chair WPB	Geraldine Mccaffrey Chair WPB
Item 6 9:25 Leadership Structures and Country Teams	For update	Verbal	To provide an overview of the changes to the Country Team responsibilities and the wider PLB and Executive structures (CEMO)	Paul Bennett, CEO	Tase Oputu, Chair EPB
Item 7 9:45 Patient Safety and Standards	For Update & Discussion	Verbal	Provide overview of the new function in the country teams under leadership of Wing Tang	Wing Tang supported by Elen Jones	Tase Oputu, Chair EPB
Item 8 10:00 International Updates	For Update & Discussion	Verbal	FIP Update and Feedback CPA Update and Feedback	Claire Anderson and Beth Ward supported by Laura Wilson	Tase Oputu, Chair EPB
Item 9 10:40 Engagement Model	For discussion	Verbal (Presentation Slides)	To provide further details of the engagement model	Amandeep Doll supported	Tase Oputu,

				by James Davies	Chair EPB
Item 10 10:50 Inclusion & Diversity – Differential attainment & update on strategy	For discussion	Verbal		Amandeep Doll supported by James Davies	Tase Oputu, Chair EPB
BREAK (11:00) – 15 mins					
Item 11 11:15 PA update – Manifesto update and PA activities (11:15)	For discussion	Presentation		John Lunny and PA Leads	Geraldine Mccaffrey Chair WPB
Item 12 11:45 Papers for noting.	For noting	23.11/NPB/12 (i), (ii), (iii), (iv), (v), (vi), (vii) and (viii)	<ul style="list-style-type: none"> i. Science & Research update ii. Education update iii. Policy and consultations - Standards iv. Public Affairs v. Sustainability vi. Workforce wellbeing vii. Marie Curie Daffodil Standards viii. Membership 	Geraldine Mccaffrey, Chair WPB	Geraldine Mccaffrey, Chair WPB
Item 13 Any other open business	For noting/discussion	Verbal	Pharmacy Board members should inform their respective Chair, Country Director or Business Manager in writing at least 48 hours before the meeting of any matter that is to be raised under Any other Business.	Geraldine Mccaffrey, Chair WPB	Geraldine Mccaffrey, Chair WPB

Item 14 Dates of next meeting	For noting		Dates of joint board meetings for 2024			Geraldine Mccaffrey Chair WPB	Geraldine Mccaffrey Chair WPB
			England	Scotland	Wales		
			6 February	7 February	8 February		
			18 and 19 June	18 and 19 June	18 and 19 June		
			17 September	18 September	19 September		
Joint meeting for England/Scotland/Wales in London day before RPS conference 7 November							
Close of Open Business 12 noon – All RPS member observers to leave the meeting							

English Pharmacy Board – 9 November 2023

Declaration of Interests

Adebayo Adegbite

- Self-employed Locum Pharmacist Director of Amados Limited.
- Locum Pharmacist -various pharmacies including Pharma Alert 24/Integrated Care 24
- PDA Union South East Regional Committee Locum Representative
- Wife - Locum Pharmacist Director -Fabb Solutions Limited
- Member of UK Black Pharmacists Association
- Member of The Pharmacist Co-Operative
- Member of the Primary Care Pharmacy Association
- Volunteer Fifth Sense charity
- NPUK member
- FIP member

Claire Anderson

- Professor of Social Pharmacy, School of Pharmacy, University of Nottingham
- Trustee Commonwealth Pharmacy Association

Danny Bartlett

- Lead Pharmacist, Horsham Central PCN (Alliance for better care federation)
- Senior Lecturer Medicines Use, University of Brighton
- Coach for Sussex Training Hub
- Member PCPA
- HEE Interprofessional and Education Fellow
- Contributor Pharmaceutical Journal
- Contributor Chemist & Druggist
- Clinical contributor Clinical Pharmacist Solutions
- Adhoc guest clinical speaker CPPE, Bayer, HEE (GP training)
- Member PDA
- Adhoc consultancy and clinical services

Emma Boxer

- Employed full time as senior lecturer in clinical pharmacy practice at the university of Sunderland

OPEN and CONFIDENTIAL BUSINESS

- Rheumatology pharmacist, Sunderland Royal hospital (one day per week - not paid by the hospital for this - on an honorary contract)

Sharon “Sibby” Buckle

- Advanced Pharmacist Practitioner, Boots UK
- Boots Pharmacists Association, Executive Board member
- Senior Director, Cairn Place Ltd
- Member of Women2Win
- East Midlands clinical senate assembly member
- Nottinghamshire ICS partnership forum member
- Ad hoc consultancy
- Contribute to media articles in pharmacy/ medical/ health press
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- Both daughters, Junior Doctors
- Mother, retired Midwife and health visitor
- Brother, Consultant surgeon
- Brother, Dental surgeon

Ciara Marie Duffy

- Quality Manager/Qualified Person at Novartis
- Directorship - Duffy Quality Pharma Consulting
- Sister – National Lead Pharmacist Interface
- Sister – HSE Pharmacist
- Brother in law – Regulatory Pharmacist Uniphar

Thorrún Govind

- Healthcare Advisory Solicitor- Hempsons
- Locum Pharmacist-various pharmacies
- Pharmthorrún Ltd
- Pharmacist – Boots
- ProperG Ltd
- PDA indemnity
- Brother- Superintendent Pharmacist
- Father- Pharmacy Director
- Contribute to media - press/tv
- Consultancy work with companies eg Haleon
- Commonwealth Pharmacy Association- Representative for RPharms
- Member of the Law Society
- Adviser at iEthico

OPEN and CONFIDENTIAL BUSINESS

Brendon Jiang

- Senior Clinical Pharmacist, NORA PCN
- Primary Care Network Clinical Lead Pharmacist for Oxfordshire, OCCG/BOB ICS
- Medicines and Prescribing Associate, NICE
- Committee member of the Primary Care Pharmacy Association
- Member of the Guild of Healthcare Pharmacists
- Superintendent pharmacist of Wychwood Pharmacy.
- Consultancy on pharmacy development– Oxfordshire Training Hub.
- Member Unite Union
- Consultancy work for Haleon

Alisdair Jones

- Employee of Kent Community Health NHS Foundation Trust
- Locum Pharmacist (Various)
- Treasurer, PDA Union
- Member, PCPA
- Partner works for Kent & Medway NHS Partnership Trust

Sarwat (Sorbi) Khattak

- Sister - Doctor - Obstetrics and gynecology SpR, PhD
- Sister - Doctor - Cardiology SpR
- Brother in Law - Anesthetics SpR
- Brother in Law - GP & Sports Medicine SpR
- Ambassador - Business & Dreams UK/Sweden
- Student - PgCert independent prescribing for pharmacists - University of Portsmouth
- Honorary Trainee - St Mary's Hospital Dermatology. University of Portsmouth Hospitals Trust
- Hourly-paid teaching fellow - University of Portsmouth
- Early careers group advisor - University College London
- Skincare scientists - co-founder (blog and non-profit consultancy)
- Limited company locum/aesthetic pharmacist director - SK Medica Ltd
- Aesthetic pharmacist clinic (future business under SK Medica Ltd)
- NovaTalent - Member
- PDA - indemnity
- Ad-hoc consultancy
- Mentor & incoming school governor - Portsmouth High School, Girls' Day School Trust (GDST)
- Personal Blog(s) - ad-hoc (partnerships and non-profit)

OPEN and CONFIDENTIAL BUSINESS

Michael Maguire

- Local Professional Network Chair, North Cumbria and the North East, NHS E/I
- Chair, National Forum of Local Professional Network Chairs, NHS E/I
- UK Head of Practitioners, Lifestyle Architecture
- Director, The Practical Leadership Training Company Ltd
- Director, CPCS Support Ltd
- Chairs various healthcare meetings (sometimes remunerated by Pharma companies)"
- various ad-hoc consultancy'

Ewan Maule

- Member of the Guild of Healthcare Pharmacists
- North East and North Cumbria NHS Integrated Care Board

Erutase Oputu

- NHS Kent & Medway ICB Member of UK Black Pharmacists Association
- Member of UK Clinical Pharmacists Association
- Member of the Guild of Healthcare Pharmacists
- Pharmacy Research UK Trustee
- Knockholt Mansions Residents' Trustee
- Member of Inclusive Pharmacy Practice Advisory Board, NHS England
- Brother works at Astra Zeneca PLC

Paul Summerfield

- Self Employed Locum Pharmacist, Sole Trader
- Visiting Lecturer, Self Employed, University of Reading
- Director, Pharmaceutical Defence Ltd, sole share holder
- Partner, Schedule Four Consultancy LLP
- Paid Member, The Pharmacist Cooperative
- Member, Industry Advisory Panel, The Pharmacy Innovation Lab
- Senior Clinical Pharmacist for NetMeds Healthcare

Scottish Pharmacy Board

Updated November 2023

Declaration of Interests

W Iain Bishop

- Member, RPS Scottish Pharmacy Board
- Scottish Public Pensions Agency – NHS Pension
- Fellow, UK Faculty of Clinical Informatics
- Managing Director: 2Bishops Consulting Ltd
- Regulatory Compliance Manager, MyWay Digital Health Ltd

Tamara Cairney

- Pharmacist in NHS Greater Glasgow and Clyde, Renfrewshire Health and Social Care Partnership
- Husband is a civil servant working for the Scottish Government
- Member, RPS Scottish Pharmacy Board
- Sister is a staff nurse in NHS Greater Glasgow and Clyde, Royal Hospital for Children, Glasgow

Andrew Carruthers

- Clinical Quality Lead – Scottish Ambulance Service
- Chair, RPS Scottish Pharmacy Board (2021-)
- Self-employed, community locum pharmacist
- Chair, RPS Community Pharmacy Consultation Service

Omolola (Lola) Dabiri

- UKBPA Lead for Scotland & Northern Ireland - 2019 till date
- RPS Grampian Local Coordinator – 2018
- Co trainer NHS24 - IP training Boot camp, NES- 2018
- Toast Master International - VP Education 2016-2017
- Member, British Lifestyle Medicine Association - 2019 - till date
- Speaker, Encapsulate Solution – delivering Health Information to the community
- Speaker, various forums –including C&D, GPHC, RPS re Equality, Inclusion & Diversity
- Superintendent Pharmacist & Director, Alpha Pharmacy & Clinic (A private pharmacy)
- Lead Pharmacist, GMEDs
- Locum Pharmacist

Lucy Dixon

- Member, RPS Scottish Pharmacy Board
- Pharmacist employee, NHS Highland
- Co-contractor (with husband), Dornoch Pharmacy Ltd
- Co-contractor (with husband), Mitchells Chemist Ltd
- Share-holder, Dornoch Pharmacy Ltd
- Share-holder, Mitchells Chemist Ltd
- Secondment to Effective Prescribing and Therapeutics Division of Scottish Government

Kelsey Drummond

- Honorary Life Member, British Pharmaceutical Students' Association (BPSA)
- Member, RPS Scottish Pharmacy Board
- Member, NES Learner Reference Group
- Bryony Drummond (sister), Senior Pharmacist, NHS Fife
- Rotational Pharmacist, NHS Fife
- Member, UKCPA

Josh Miller

- Specialist Clinical Pharmacist, NHS Greater Glasgow & Clyde and NHS NES
- Member, NHS GGC Area Pharmaceutical Committee
- Chair, NHS GGC Pharmacy Contractors' Committee
- Member, RPS Scottish Pharmacy Board

Richard Shearer

- Lead Pharmacist, Advanced Clinical Services, NHS Lanarkshire
- Professional Secretary and member, SP3A Practice Pharmacy Sub-group
- Member, NHS Lanarkshire Area Pharmaceutical Committee
- Member, RPS Scottish Pharmacy Board

Catriona Sinclair

- Member, RPS Scottish Pharmacy Board
- Member, Community Pharmacy Scotland Board (since May 2013)
- Vice Chair, NHS Highland Area Clinical Forum (since 2018)
- Chair, NHS Highland Area Pharmaceutical Committee (since 2015)
- Chair, Community Pharmacy Highland (since 2012)
- Lead negotiator, committee local pharmaceutical services with NHS Highland
- Royal Pharmaceutical Society, LPF lead for Highlands and Western Isles (2010-2014)

Jacqueline Sneddon

- Member, RPS Scottish Pharmacy Board
- Programmes Manager, British Society for Antimicrobial Chemotherapy
- RPS - Chair of Antimicrobial Expert Advisory Group (AmEAG) and member of Science and Research Committee (formerly Science and Research Board)
- 2018 to 2021, member of RPS AmEAG 2016-2018

- UKCPA - Chair of UKCPA Pharmacy Infection Network 2015-2018, committee member of UKCPA Pharmacy Infection Network (Standards lead) 2013-2015.
- Assessor for RPS Consultant Pharmacist Credentialling Committees 2022 to date.
- Expert adviser for research projects on antimicrobial use with several universities (Strathclyde, Dundee, GCU, Manchester, York)

Jill Swan

- Member, RPS Scottish Pharmacy Board
- Member, Faculty of the Royal Pharmaceutical Society (Advanced Stage II)
- Member, UK Pharmacogenetics and Stratified Medicine Network
- Member, UKCPA
- Professional Secretary to Directors of Pharmacy (Strategic Framework Development)

Audrey Thompson

- Member, RPS Scottish Pharmacy Board
- Member NHSGGC Area Pharmaceutical Committee 2015-2021; chair 2015-2019, vice chair 2019-2021
- Member NHSGGC Area Clinical Forum Committee 2015-2021; chair 2017-2021
- Member NHSGGC Area Drugs and Therapeutics Committee 2004 - present; Chair Communications subcommittee 2004 – 2016
- Member Scottish Practice Pharmacist and Prescribing Advisers' Leadership group 2015 - present
- Manager Glasgow 2014 Commonwealth Games Athlete Village Pharmacy

Updated: November 2023

9th November 2023

Welsh Pharmacy Board - Declarations of Interest

Cheryl Way

- Digital Health and Care Wales
- Hayes Point RTM Company Ltd
- Guild of Healthcare Pharmacists
- International Pharmaceutical Federation
- UK Faculty of Clinical Informatics
- . Vice Chair of Welsh Pharmacy Board

Richard Evans

- Self Employed Pharmacist
- Director of Llandysul and Pont Tyweli Ymlaen Cyf
- Member of Pharmacist Defence Association (PDA)
- Occasional Media work
- Member of PDA Union Wales and the West Regional Committee
- Member of PDA Union Executive Group

Chair of Llangeler Community Council

Dylan Jones

- Director of Howe Pharmacy
- Pharmacy Manager DL and CV Jones (Agricultural business).
- Vice Chair of Governors Ysgol Trebomen.
- Governor at Ysgol Calon Cymru

- Independent CPW representative for Powys AWPAG.
- Deputy Member AWMSG.
- Member of Wales Board RPS.

Eleri Schiavone

- Welsh Health Specialised Services Committee - NHS Wales hosted by CTMUHB
 - Executive Board Member: Pharmacy Delivering a Healthier Wales
 - Board Member: All Wales Medicines Strategy Group
 - Member of All Wales Medicines Strategy Group Steering Committee
 - Member of the Welsh Pharmacy Board

Geraldine McCaffrey

- Principal Pharmacist Betsi Cadwaladr University Health Board
- Member Pharmacy Delivering a Healthier Wales
- Member - UKCPA.
Member, National Pharmacogenomics Group Wales
- Member – Unite the Union/Guild of Healthcare
Pharmacists.
- Vice Chair – Pharmacy Research Wales
. Vice Chair – Welsh Pharmacy Board

Helen Davies

Current Substantive post:

- Principal Pharmacist for Primary Care; Medicines Optimisation. Cwm Taf Morgannwg University Health Board from March 2018.

Directly employed at Forest View Medical Centre, Treorchy for 1 day a week as a GP practice Pharmacist

From March 2018 to February 2021

- HEIW teaching sessions – cardiology
- HEIW teaching sessions – primary care

Sessions from 2011 onwards

- Honoraria from BMS to be an expert speaker for anticoagulation teaching sessions and attendance at a masterclass 2018
- Swansea Bay UHB bank staff – NHS 111 evening sessions 2017
- Pfizer sponsorship to attend anticoagulant and cardiology conference 2018 and 2015
- Boehringer to assist a consultant cardiologist with an anticoagulant clinic 2015
- Expert review of materials for WCPPE 2014
- Cardiology teaching sessions for WCPPE in 2014
- Member of the Guild of Healthcare Pharmacists
- Member of the UKCPA
- Member of the PCPA

Gareth Hughes

•GRH Pharma Ltd

•Director of GRH Pharma Ltd (t/a Tynewydd Pharmacy)

•Board Member of Community Pharmacy Wales

•Member of Welsh Pharmaceutical Committee

- Member of the Faculty of Clinical Informatics
- Community Pharmacy Cluster Lead for Rhondda
- Member of Community Pharmacy Microsoft Office 365 Project Board
- Member of the Pharmacists' Defence Association

Rhian Lloyd – Evans

. Medication Safety Officer – Aneurin Bevan University Health Board

. Members of All Wales Medication Safety Network

. United Kingdom Clinical Pharmacy Association (UKCPA)

Lowri Puw

Fferyllwyr Llyn Cyf

Betsi Cadwaladr University Health Board

Bangor University

Occasional media work for the BBC/itv/s4c

Liz Hallett

.ABHU

. PDA Union Member

. PCPA Member

Rafia Jamil

Prince Charles Hospital (CTM): lead Pharmacist Education and Training

Panel Member - Supported Lodging for Young people (Powys County Council)

Locum Pharmacist

Jodie Gwenter.

Swansea Bay University Health Board

National Pharmacy Board meeting – 9 November 2023

Title of item	Powers, Duties and Functions of the National Pharmacy Boards
Open, confidential or restricted item	Open
Author of paper Position in organisation Telephone E-mail	Yvonne Dennington Business Manager, England 0207 572 2208 Yvonne.dennington@rpharms.com
Item to be led at the meeting by	Chairs
Purpose of item (for decision or noting)	For noting
Headline summary of paper	Powers, Duties and Functions of the National Pharmacy Boards as taken from the RPS Regulations

Please note below the Powers, functions and duties of the Boards as taken from the RPS Regulations.

7.2 Powers and functions of the Boards

Subject to the Charter, any directions of the Assembly, and the provisions of any enactment, the Boards shall, within the relevant country, have the functions of:

- informing the Assembly on likely developments affecting pharmacy for the purpose of developing the Society's strategy
- providing strategic leadership, advocacy and support for pharmacy practice development
- leading the implementation of the Society's strategy by developing and implementing associated policies in the individual countries
- promoting the science and practice of pharmacy and its contribution to health
- providing professional advice to government and its agencies, NHS bodies, and other health and social care organisations
- guiding and supporting the Society's local organisations in the individual countries
- supporting pharmacists in their professional roles
- maintaining an overview of current and possible future developments impacting upon the science and practice of pharmacy in the individual countries
- setting policy and objectives for the individual countries within the overall strategy and ask the National Director to implement them
- agreeing policy positions, commissioning work as appropriate
- agreeing objectives for programmes of professional support of pharmacy to be delivered at a national level and at GB level on behalf of other National Boards
- overseeing the local engagement mechanisms within the relevant country
- may also itself establish limited lifetime working groups within existing budgets as required to deal with specific issues

Policy making at the national level is the responsibility of the individual National Pharmacy Boards who shall be accountable to the Assembly. No Board policy should be contrary to any overarching GB-wide policy. The Boards lead the agenda for the profession at a national level and are able to focus on the issues that matter to members in each of the countries. The Boards have responsibility for interpreting and developing policy and for overseeing the delivery of members services locally.

The Boards shall have no formal role in the operational matters of the Society, which are the remit of the Executive team.

The Boards shall be supported by the administrative services of the Society and shall have no power to incur expenditure, employ staff or enter into contracts.

7.4 National Pharmacy Board Members

7.4.1 Duties

Members elected to the National Pharmacy Boards are expected to provide advocacy, support and strategic leadership for pharmacy practice development, to promote the science and practice of pharmacy and its contribution to health and support pharmacists in their professional roles.

For the avoidance of any doubt, National Board members are not an employee or worker of the Society or any of its Group Companies or joint venture companies.

Duties include but are not limited to:

- representing the views of the Board to other bodies within the Society and in external forums
- attending regional meetings as and when required and be active in local and other professional networks
- marketing the Society to members and to potential new members
- participating in virtual communications
- providing professional advice to government and its agencies, NHS bodies and other health and social care organisations
- providing regular reports on meetings attended on behalf of the Board
- monitoring delivery of strategy
- acting as ambassadors and representatives of the profession
- providing a loud, motivating direction for the profession
- keeping cognisant of the financial aspects of the Board

ENGLISH PHARMACY BOARD MEETING – OPEN BUSINESS

Minutes of the open meeting held on Wednesday 20 September 2023 at 9.00am at Newcastle University

Present:

English Pharmacy Board

Erutase (Tase) Oputu (TO) (Chair), Brendon Jiang (BJ)(Vice Chair), Danny Bartlett (DB), Emma Boxer (EM), Sibby Buckle (SB), Alisdair Jones (AJ), Sarwat (Sorbi) Khattak (SK), Ewan Maule (EM), Michael Maguire (MM), Paul Summerfield (PS)

In attendance:

RPS Staff

Clare Thomson (CT), CPhO Fellow to the RPS, James Davies (JD), Director for England, Yvonne Dennington (YD) Business Manager, England, John Lunny (JL), Public Affairs Lead England, Heidi Wright (HW), Practice and Policy Lead for England, Neal Patel (NP), Associate Interim Director PMED, Tammy Lovell (TL), PJ Correspondent

Apologies

Adebayo Adegbite (AA),
Claire Anderson (CA),
Ciara Duffy (CD),
Thorrund Govind (TG),

23.09.EPB.01	Welcome and Apologies The Chair welcomed board members and staff to the meeting. Two new members of staff were introduced:-	
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	<ul style="list-style-type: none"> • Clare Thomson – CPhO Clinical Fellow for 2023-2024 • Tammy Lovell – PJ Correspondent (taking over from Corrine Burns) 	
23.09.EPB.02	<p>Apologies Apologies were received from Adebayo Adegbite (AA), Claire Anderson (CA), Ciara Duffy (CD), Thorrhun Govind (TG),</p>	
23.09.EPB.03	<p>Declarations of Interest</p> <p>The EPB noted paper 23.09.EPB.03.</p> <p>SK updated her interests in advance of the meeting and PS updated his at the meeting. Action 1 Declarations will be updated accordingly by YD</p>	
23.09.EPB.04	<p>Minutes and matters arising</p> <p>The following minutes of the meetings held on 20 and 21 June 2023 were accepted as a true and accurate record.</p> <p>23.09.NPB.04 – Approved by Sibby Buckle and seconded by Ewan Maule 23.09.EPB.04 (a) (20 June) – Approved by Sibby Buckle and seconded by Ewan Maule 23.09.EPB.04 (b) (21 June) - Approved by Brendon Jiang and seconded by Paul Summerfield</p> <p>Actions for 23.09.NPB.04 Action 1 – Item Closed. HW reported that a working group had not been set up for IP as there were few responses from the Boards, it was therefore decided to circulate the policy statement to all board members for comments. This issue will be discussed further in the agenda item on PP (IP) in the meeting.</p> <p>23.09.EPB.04 (a) Action 1 – item Closed – This was discussed at the National Pharmacy Board Chairs' Forum where it was understood that all boards do have the discussion</p>	

	<p>regularly regarding whether the boards comprised of the sectoral spread that was needed to address workplans. There is no requirement for this item to be discussed at Assembly</p> <p>23.09.EPB.04 (b) Action 23.02.EPB.06 Action 2 – Item closed – this is now business as usual and lobbying continues for read/write access.</p> <p>Action 23.02.EPB.06 Action 4 – item closed the slide is now on the website.</p> <p>23.02.EPB.05 Action 1 – item remains open – this item was put forward to HEAG – JD to follow up on output.</p>	
23.09.EPB.05	<p>Professional Leadership</p> <p>JD gave an update on behalf of Paul Bennett and Claire Anderson who gave apologies for this meeting.</p> <p>Paul Bennett and Claire Anderson released a blog to the membership and the CPhOs which set out the RPS' views and concerns with recommendations and suggestions on how the new chair will engage. An announcement of the Chair of the Council is eagerly awaited.</p>	
23.09.EPB.06	<p>Membership</p> <p>NP presented this item.</p> <p><u>Pharmacist Prescribing (IP)</u></p> <p>NP spoke about the opportunities presented for the RPS regarding pharmacist prescribing (IP). He said that he could already see that attitudes amongst students were changing and teaching methods were changing in preparation for the 2026 cohort who will finish their MPharm degree as prescribers. There is much work for the RPS to consider regarding policy work, upskilling the legacy workforce and clinical supervision especially for the foundation year.</p> <p>A formal proposal for the future of membership will be going to the Assembly in November for approval.</p>	

	<p>It is hoped to launch the new pharmacist prescribing web page at the conference where all information relating to pharmacist prescribing will be located.</p> <p><u>RPS Conference – 10th November</u></p> <p>At the joint Board meeting on 9th November there will be a filming opportunity for board members to present their representative and leadership roles to the membership to encourage greater engagement with the work of the country boards.</p> <p>There will be a RPS stand at the conference where board members can engage with RPS members on the visions for pharmacy, alongside talking about fellowships and pharmacist prescribing. Board members suggested that a one page flyer with a QR code would be beneficial for them and members.</p> <p>Action 2: NP to follow up with Country Directors regarding the needs and requirements for the conference networking stand including flyers.</p> <p>There was some further discussion from board members on pharmacist prescribing and how the RPS was planning on supporting DPPs and ensuring trainees are prepared for the foundation year. Reference was made to the PJ roundtable where some of these issues were discussed. All board members were encouraged to read the PJ report on the roundtable.</p> <p>Action 3: JD to circulate a link to the PJ report.</p> <p><u>Learning support fund</u></p> <p>JD said that there had been a recent government announcement about an increase to the Learning Support Fund for healthcare students. Currently pharmacy students are unable to access this fund. JL is currently preparing a letter to be sent to the Minister suggesting that pharmacists are included.</p>	
23.09.EPB.07	<p>Pharmacy Manifesto</p> <p>The English Pharmacy Board noted paper 23.09.NPB.07 (circulated to all board members in E/S/W)</p>	

	<p>There is an expectation that there will be a General Election before January 2025. Political parties are busy pulling together their manifestos.</p> <p>The paper sets out a number of questions for consideration which includes the suggestion that Team England lead on this piece of work. The EPB were in agreement with this suggestion as it is a Westminster Election and healthcare is devolved to the nations.</p> <p>There was some discussion on the effectiveness of lobbying MPs, with the view being put forward that if you do not have a voice then you will not be heard. The RPS needs to continue to build on the work it has done over the past decade with parliamentarians.</p> <p>The suggestion of working with other health care bodies on a joint manifesto or developing supporting statements was discussed and there was some appetite for this way forward.</p> <p>DB explained that he will be attending a roundtable with MPs – he is happy to write a blog for members on his experience once this has happened.</p> <p>Other points raised for consideration when working on the manifesto were:-</p> <ul style="list-style-type: none">• To reference the RPS Visions for pharmacy practice throughout• RPS Members contacting and lobbying their MPs – make it easy for members by developing templates and giving guidance• Having 3 clear, strong messages – possibly including Funding/ IP/ Integration/ Interoperability/ Workforce• Setting up a working group to develop the proposals• Use the up coming party conferences to lobby <p>The Chair concluded the item by saying that this is an important time – we need to grasp the opportunity, showing leadership by being vocal and active.</p> <p>Action 4: JL and JD to do some further work on manifesto and present again at the meeting on 9th November</p>	
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	<p>Action 5: All board members to submit their ideas for inclusion into the manifesto by 9th October</p> <p>Action 6: DB has roundtable with MPs – to write a blog for members on his experience after the roundtable.</p>	
23.09.EPB.08	<p>PGDs for Pharmacy Technicians</p> <p>The English Pharmacy Board noted paper 23.09.NPB.08 (circulated to all board members in E/S/W)</p> <p>JD introduced the item saying that we are looking to form a consensus view across the three pharmacy boards to obtain a GB position on pharmacy technicians being able to supply and administer medicines under a PGD and an agreement from the board on the draft policy statement as set out in the paper. This will aid the response to the consultation which closes on 29 September 2023.</p> <p>Some board members were clearly in favour of the change and very supportive of skill mix and not putting barriers in the way of progress whilst others raised some concerns :-</p> <ul style="list-style-type: none"> • The level of training and experience for pharmacy technicians – there was a counter argument to this that training is comprehensive • Accountability and who is accountable if something goes wrong • It was discussed that accountability still sits with the Responsible Pharmacist in community pharmacy settings • Resilience training – in order for pharmacy technicians to be able to push back and be comfortable with saying no • Responsible pharmacist needs to ensure Pharmacy Technicians are fully trained and have clearly defined protocols for PGDs • Concerns that the private sector will take advantage • Pharmacy Technicians need to be trained in depth with clinical decision making • Pharmacists train for 5 years – Pharmacy Technicians train for 2 years – clinician versus technician and which PGDs are appropriate as a result • Need a clinician for the interpretation of data • This is about releasing capacity rather than replacing pharmacists 	

	<ul style="list-style-type: none"> • There is a large contingent that do not know what PDGs are – signpost in statement to an explanation <p>It was agreed that a revised version of the statement will be circulated which includes some of the concerns raised. The Chair will be responsible for signing off the statement.</p> <p>Action 7: Revise statement and recirculate.</p>	
23.09.EPB.09	<p>Update on the Vision for Pharmacy Practice in England</p> <p>JD presented slides at the meeting which will be circulated after the meeting. (Action 8).</p> <p>An implementation group has not been set up as it was decided to use the Board and the expert advisory groups.</p> <p>There was a clear recommendation to work with ICBs. The Vision document has been shared with the Chairs of the ICBs and a couple of groups have been set up. For example the ICS leaders' forum and the CPCL forum and are both working well.</p> <p>JD went through the delivery recommendations and highlighted the work that is ongoing under these recommendations.</p> <p>Community Pharmacy England released their vision on 19th September 2023 and there is synergy between the two visions.</p> <p>JD said he was looking for a steer from the EPB regarding prioritising the 19 delivery recommendations.</p> <p>There was some discussion with the Board and some of the points raised were:-</p> <ul style="list-style-type: none"> • Good to focus on a few big priority areas as 19 recommendations is too many to focus on at the same time • Although RPS did not win the contract for DPP training, training in this area is still being offered by the RPS in collaboration with the RCN and the RPS continues to champion this 	

	<ul style="list-style-type: none"> • What would we want an implementation group to do? – It was discussed that Lobbying is currently covered with the work of the APPG. • We could be more proactive in the areas of funding, career progression, pharmacy technicians and workforce strategy. • Need a pharmacy workforce strategy. • Make greater use of the Expert Advisory Groups • ICS Leaders are key to making this happen and this needs more proactive engagement. <p>The Chair said that workforce is clearly a priority, and the board needs to work on prioritising two more areas. JD said that the planning the team have done for 2024 may help with this.</p> <p>Action 9: Circulate list of Expert advisory groups and the board leads for these groups including future dates</p> <p>Action 10: Working with the ICBs leaders forum to create some more proactive engagement with ICBs on the Vision and commissioning of community pharmacy services.</p> <p>Action 11: JD to add to the vision progress slides a column which states which organisation/group the RPS are collaborating with and re-share.</p>	
<p>23.09.EPB.10</p>	<p>2024 Planning for the EPB</p> <p>The EPB noted paper 23.09.EPB.10.</p> <p>JD introduced this item saying that the budgeting process for 2024 will commence in August and will be approved by the Assembly in November. The workplan for the country teams will be presented as part of the overall budget.</p> <p>There was some discussion around the priority areas for 2024 and JD highlighted two areas that did not map to the vision but were important and on which he needed a steer from the Board:-</p> <ul style="list-style-type: none"> • The impact of AI and what this means for pharmacy practice 	

	<ul style="list-style-type: none"> Challenges of medicines shortages <p>The Board thought that these two areas could not be ignored and gave some suggestions on how the work could be done, perhaps by the Science and Research team, and there were questions around the work being GB or England focussed.</p> <p>There was quite a lot of discussion on DPPs and whether the RPS should hold a register of DPPs and also the training of the legacy workforce in relation to pharmacist prescribing.</p> <p>Action 12: A “one year on” update on the Vision is planned to be presented at the first board meeting in 2024.</p>	
23.09.EPB.11	<p>New Engagement Model</p> <p>JD gave an update on the New Engagement Model. Amandeep Doll, Head of Professional Belonging and Engagement, will lead this workstream and is currently recruiting for 3 Engagement Leads:-</p> <ul style="list-style-type: none"> North of England and Scotland West of England and Wales Rest of England <p>These positions will be on a 3 day a week basis and interviews will take place in the next couple of weeks.</p> <p>The Engagement Leads will be supported by the current cohort of Ambassadors.</p> <p>It is anticipated the team will cover many more events and present to pharmacy students.</p> <p>The EPB were supportive of these new roles but raised some concerns that the geographical areas were very large for 3 people to cover on three days a week.</p>	
23.09.EPB.12	<p>Pharmacist Prescribing (IP)</p> <p>HW introduced this item and agreed to circulate the slides after the meeting (Action 13)</p>	

Marcia Reid, Project Manager and pharmacist has been engaged by the RPS to lead on the prescribing proposition for RPS members. The overall aim is for 50% of prescribers who are registered with the GPhC to be members of the RPS by 2025.

Prescribing support on the website will be tailored to the different pharmacist personas. The website is currently being upgraded and all prescribing information will be located in one place and easy to find. Once the website is launched feedback from the board will be welcomed.

There will be a professional support line dedicated to prescribers.

New board policies will need to cover:-

- The separation of prescribing and dispensing
- Clinical supervision
- Prescribing remotely

The main focus for the project team currently is to get the website up and running and it is hoped that this will be ready in time for launch at the RPS Conference.

DB asked whether we could consider a series of further debate events at other School of Pharmacy around the country.

Separation of prescribing and dispensing policy

A draft position statement has been developed and circulated to all three boards. The team are now engaging with wider stakeholders, in particular the RCN as we have joint guidance with them which will be affected.

We will be developing supporting professional guidance to sit alongside the statement e.g. undertaking risk assessment as part of the process.

We will publish the amended position statement and draft guidance in due course when we have the support of other organisations.

	<p>Discussion continued with the Board and some of the points raised were:-</p> <ul style="list-style-type: none"> • What is our USP - the quality of what we offer • RPS should signpost to DPP training – making it easier for members to find training providers • Why are we targeting only 50% of those with IP qualifications? • RPS should be the gateway to IP • DPP seems to be a barrier – what can RPS do to make it easier? • How will foundation trainees find a DPP? <p>It was discussed that there needed to be greater clarity for the board on what is going to happen for those students that graduate as prescribers and undertake a foundation placement. How will these students access a DPP. The board required more clarity for providers and students. This should be discussed with the GPhC (Action 14)</p>	
23.09.EPB.13	<p>Papers for noting</p> <p>The EPB noted the following papers 23.09.NPB.13</p> <ol style="list-style-type: none"> i. Science & Research update ii. Education update iii. Policy and consultations iv. Public Affairs v. Sustainability vi. Pharmacogenomics vii. Inclusion & Diversity viii. Workforce wellbeing ix. Marie Curie Daffodil Standards <p>The Chair acknowledged the amount of work that goes into producing these papers and thanked the teams.</p>	
23.09.EPB.14	<p>Any other Business</p> <p><u>Dates and Frequency of Future meetings</u></p> <p>Currently the planning and budgeting process is considering 5 board days in 2024.</p>	

	The EPB would like to see the frequency of meetings increased to include development days and more discussion on policy making. In keeping with pre-covid times where boards met for 2 days per quarter. AJ cautioned that affordability may be an issue, but that representations should be made to Assembly to that effect.	
23.09.EPB.15	Dates of Next NPB/EPB meetings 9 th November – face to face in London (day before RPS conference) Dates for 2024 are still to be finalised.	
23.09.EPB.16	Close of meeting at 14.15pm	

Action List

Item	Action	By Whom	Open/Closed/Comments
23.09.EPB.03	Action 1: Update Declarations of Interest	YD	Closed
23.09.EPB.06	Action 2: NP to follow up with Country Directors regarding the needs and requirements for the conference networking stand including flyers.	NP/Country Directors	Open
23.09.EPB.06	Action 3: JD to circulate a link on the PJ roundtable report.	JD	Closed
23.09.EPB.07	Action 4: JL and JD to do some further work on manifesto and present again at the meeting on 9 th November	JD/JL	Open
23.09/EPB.07	Action 5: All board members to submit their ideas for inclusion into the manifesto by 9 October	All board members	Closed
23.09.EPB.07	Action 6: DB has roundtable with MPs – happy to write a blog for members on his experience	DB/JL	Open
23.09.EPB.08	Action 7: Revise statement on Pharmacy Technicians and PGDs and recirculate.	JD/HW	Closed
23.09.EPB.09	Action 8: Circulate vision slides	JD	Closed
23.09.EPB.09	Action 9: Circulate list of Expert advisory groups and the board leads for these groups	JD/YD	Closed
23.09.EPB.09	Action 10: ICBs and commissioning of community pharmacy – need more proactive engagement	JD/EM	Open

23.09.EPB.09	Action 11: JD to add to the vision progress slides a column which states which organisation/group the RPS are collaborating with and re-share.	JD	Open
23.09.EPB.10	Action 12: A one year on update on the Vision is planned to be presented at the first board meeting in 2024.	JD	Open
23.09.EPB.11	Action 13: Circulate PP (IP) slides	HW	Closed
23.09.EPB.11	Action 14: Discuss how foundation trainees access a DPP with GPhC	JD/TO	Open
23.02.EPB.05	Action 1: Advanced Clinical Checks needs to be discussed by the HEAG – put on their agenda	WT/JD/HW	Open – 20/09 – JD to follow up on output from HEAG

SCOTTISH PHARMACY BOARD MEETING – OPEN BUSINESS

Minutes of the open meeting held on Wednesday 20 September 2023 at 9.00am at 44 Melville Street, Edinburgh, EH3 7HF

Present:

Tamara Cairney (TC)	Richard Shearer (RS)
Andrew Carruthers (AC)	Catriona Sinclair (CS)
Omolola (Lola) Dabiri (OD)	Jacqueline Sneddon (JS)
Lucy Dixon (LD)	Jill Swan (JS)
Kelsey Drummond (KD)	Audrey Thompson (AT)

Apologies:

Iain Bishop (IB) and Josh Miller (JM)

Guests:

Cara Mackenzie (CM), Clinical Leadership Fellow

In attendance:

Ross Barrow (RB), Head of External Relations – Scotland, Catriona Mackenzie (CM), Clinical Leadership Fellow, Fiona McIntyre (FM), Scottish Practice & Policy Lead (from 2/10), Carolyn Rattray (CR), Business Manager and Laura Wilson (LW), Director for Scotland, Neal Patel (NP), Interim Associate Director for Pharmacy and Membership Experience

23.09.SPB.01	<p>Welcome and Apologies</p> <p>The Chair welcomed board members, staff, invited guests and observers to the meeting.</p>	
23.09.SPB.02	<p>Apologies</p> <p>Apologies were received from Iain Bishop (IB) and Josh Miller (JM).</p>	
23.09.SPB.03	<p>Declarations of Interest</p> <p>The SPB noted paper 23.09/SPB/03(a) BMs were asked to send any updates to CR.</p> <p>The SPB noted paper 23.09/SPB/03(b)</p> <p>Action: BMs to feedback any changes to declarations of interests to CR</p>	BMs/CR
23.09.SPB.04	<p>Minutes and matters arising</p> <p>The minutes of the meetings held on 21 June 2023 were accepted as a true and accurate record.</p> <p>23.09/NPB/04 – Approved by Lucy Dixon. Seconded by Audrey Thompson.</p> <p>23.09/SPB/04 – Approved by Jill Swan. Seconded by Richard Shearer.</p> <p><u>Actions:</u> NPB: Action No. 23/06/07 – Set up a Board working group to further help and guide our policy work and direction of travel in independent prescribing – action through Policy & Stakeholder Group. To be actioned once work plan has been confirmed. Open.</p>	LW/BMs
23.09.SPB.05	<p>Membership</p> <p>Neal Patel (NP) provided an update on membership and planned activities.</p>	

NP focused his update on 3 areas:

- Prescribing (Foundation trainees)
- Raising the profile of Board members – November Board meeting
- Activities at RPS Annual Conference

NP reported on a session with student interns where it was apparent that their studies and training have changed significantly in preparation for registration in 2026 as prescribers. BMs were asked to consider two areas of policy, clinical supervision and the Foundation trainee assessment, and whether the existing arrangements are fit for purpose. Details will be presented to Assembly in November.

There will be an opportunity at the November joint NPB meetings, to do some filming of Board members. The proposal is for a production company to film short vignettes will be filmed with Board members (3 or 4 Board members from each Board) describing what a Board member does, how they represent the membership and how the RPS and its NPBs contribute to the development of the pharmacy profession. The films will be used on social media and the website to raise awareness of the role of the Boards and engage with members.

A specific area for Board members on the RPS Stand at the Annual Conference will be made available. There will be 3 main themes: prescribing, Fellowship and the country specific visions.

It was noted that prescribing is different in Scotland as more advanced in its prescribing journey; a chance to reflect on Scotland's experiences both opportunities and challenges.

It was suggested that conference would provide an opportunity for discussions with members around the professional leadership commission which could then be fed into Assembly.

<p>23.09.SPB.06</p>	<p>Professional Leadership</p> <p>Laura Wilson (LW) gave an update on behalf of Paul Bennett (PB) and Claire Anderson (CA) who gave apologies for this meeting. Feedback from the PB/CA blog was generally supportive but there were concerns:</p> <ul style="list-style-type: none"> • that the perception of members would be that the SPB had input into the blog • that there was such a short timeframe between Assembly members having sight of the blog and it being published. • That the NPBs are elected members and, as such, the blog should have come to them for consideration before publication. • That the tone of the email wasn't helpful although there was support of the content <p>RPS is trying to engage and is keen to push forward, t however, until the Chair is announced (likely to be autumn 2023) and the terms of reference confirmed, very little progress can be made.</p> <p>LW stated at that time they were unaware of any response or comment from APTUK on the blog.</p> <p>There were no other updates.</p> <p>Action: LW to feedback SPB comments re: the blog to PB and CA.</p>	<p>LW</p>
<p>23.09.SPB.07</p>	<p>Pharmacy Manifesto – 2024 General Election (23.09/NPB/07)</p> <p>Ross Barrow (RB) provided an outline of activities around the upcoming UK general election which can be called no later than 28 January 2025. In Scotland, 59 MPs will be elected.</p> <p>At the last general election (2019) RPS developed an 'Pharmacy Manifesto' and is proposing to take a similar approach in the run up to the next general elections. The 'Manifesto' will be used to engage with political parties; it will be a particularly interesting</p>	

election for Scotland as, recently support for the SNP as measured in polls, has begun to decline. It remains to be seen what will happen to polling between now and election day.

Although 'Health' is devolved to Scotland, there are many decisions, reserved to Westminster e.g. immigration, that impact indirectly on Scotland.

The future of the NHS will be one of the most important issues of the general elections; it will be crucial for RPS to engage on this.

The proposal is that England will lead on the 'Pharmacy Manifesto', liaising with other country boards as appropriate.

Board members were asked to consider the outline approach to developing a pharmacy manifesto (23.09/SPB/07) for use when engaging with local candidates at the next general election.

- Reads as community heavy; perhaps badge to be less sector-based
- Some of the work is happening already in Scotland and could be used as examples
- Be aware of contractual issues, it is important RPS remember their remit and do not make funding or contractual requests in their manifesto.
- Important to recognise the Westminster MPS do visit Scotland.
- Need to ensure clarity regarding messages; ensure that English messages are not considered as national messages
- Ensure that any requests for inclusion are backed up by rationale

It was confirmed that the country visions would be used as a basis for developing a manifesto.

It was noted that access to records should be included. BMs were asked to contact RB with any other issues that should be considered. BMs were invited to be involved in engagement with politicians, sending letters, etc. and were asked for other ideas for

	<p>engagement. It would be useful for a template (for letters to politicians) to be developed and shared with Board members.</p> <p>Action: BMs to consider any other issues to be included in the Manifesto and share with RB.</p> <p>Action: PA leads to develop a letter template for use in engaging with politicians.</p>	
23.09.SPB.08	<p>New Engagement Model – Recruitment, plans</p> <p>LW provided an update on the new Engagement Model which replaces RPS Local. During the Pandemic, face to face engagement ceased, but now that the world is opening up and RPS is out engaging with the profession, the RPS Local Model was no longer viable and so a new model has been developed.</p> <p>Member engagement is crucial and to ensure the success of the ‘Regionals’ model a support structure has been put in place. The new model will be led by Amandeep Doll (AD) Head of Professional Belonging & Engagement, who will report to the country directors. Reporting to AD will be a Pharmacy Engagement Manager, responsible for Expert Advisory Groups, and three Pharmacy Professional Leads who will be responsible for the 14 regional Ambassadors. The overarching aim is for every RPS member to have access to vibrant networking opportunities.</p> <p>It was agreed that the annual programme will include:</p> <ul style="list-style-type: none"> • One face to face event (Ambassadors could work together to have a joint event) • A quarterly virtual event (could be hybrid) • Digital networking <p>Once the Engagement Leads have been confirmed, the outstanding Ambassador roles will be readvertised.</p> <p>Metrics and KPIs are in place to measure the success of the new Model. The role of the Ambassadors is not to focus on signing up members but more about engagement and support. BMs were invited to support the Ambassadors.</p>	

23.09.SPB.09	<p>Update on the Vision for Pharmacy Practice in Scotland</p> <p>LW provided an update on activities in 2023 to support the objectives of the Scottish Vision. Hopefully, the Leadership Development session provided an opportunity for the Board to:</p> <ul style="list-style-type: none"> • Identify successes in 2023. • Evaluate which aspect of the workplan could be enhanced. • Identify gaps and opportunities that might have been missed. • Assess the impact and effectiveness of different types of activities in 2023. <p>Key work in 2023</p> <ul style="list-style-type: none"> • Experts in Medicines – Patient safety: Members of the Quality Improvement in Pharmacy Practice collaboration • Optimising therapeutic outcomes – sustainable prescribing: Presenting on the global stage, events, collaboration and presentations • Providing holistic care – Drug deaths: SDCR, drug testing and Naloxone • Improving access to care – Green prescribing: CU workshops • Improving access to care – Health inequalities: Policy, presentations and lobbying <p>Key work on enablers</p> <ul style="list-style-type: none"> • Pharmacogenomics (Px) – Cara Mackenzie (CM), will lead on Px during her tenure as Scottish Clinical Leadership Fellow (CLF). • Artificial Intelligence (AI) – CM may support the English CLF with AI • Developing the workforce – A significant proportion of the work plan to include Assessment & Credentialling, Protected Learning Time (PLT), I & D (Pride Edinburgh and remote & rural), Skill mix, well being and Independent Prescribing (IP) support. 	

- **Harnessing digital technology and Innovation** – Shared patient data (round table) and digital prescribing and dispensing

Observations:

- It hasn't been possible to meet as many MSPs as in 2022; this has been partly because of the many 'unknowns' of the Professional Leadership Commission and because of the issues in the Scottish Government, etc. RPS and Marie Curie have a stand at the Parliament (19-21 September) to lobby MSPs on the Daffodil Standards. It is hoped that this presence will reassert RPS awareness with MSPs. Although the Daffodil Standards were the main focus, RB was able to have a conversation with Liam MacArthur on the Assisted Dying Bill and conscientious objections.
- Communications with NES should be improved, so that there is a mutual understanding of what each other is doing. There are good relationships between individuals in each organisation but the bonds of trust between NES/RPS need to be nurtured and developed for mutual benefit and the benefit of the profession.
- Assessment & Credentialling:
- Consultations: If Board members don't respond, there is an assumption of endorsement/agreement. BMs were encouraged to respond as consultation responses are based on comments and feedback from BMs and others.
- The Board used the charts from the development day to consider successes, gaps, what should be kept and what should be dropped from the work plan. CR to share photos of the charts with BMs.
- BMs were very disappointed that the Fellows were not presented with their certificates at the celebratory event the previous evening. It was agreed that the evening had been a great success; with nearly 50 guests attending including Fellows, Consultant pharmacists and Newly Qualified pharmacists, but that not having certificates was a missed opportunity. It was agreed that the mix of the newly qualified and experienced worked well. It was felt that the Annual Conference is very London-centric; it would be different if it moved around the three countries but that isn't the case.
- Need to consider what the value of events is; it was agreed that the Fellows' Day in March was very helpful as different perspectives were brought to the table.

	<p>However, need to be sure of the purpose and also such an event needs to be held in each of the countries.</p> <ul style="list-style-type: none"> • The Chair asked for feedback on the development day. • It was agreed that it had been a very helpful day; helpful to think about the difference between a group and a team, how each behaves differently and how best to work across Boards. • It was agreed that, before any of the learnings can be optimised, there needs to be more clarity around the responsibilities of the Assembly and the NPBs. • The perception of Members who have elected NPBs is that the Boards will have input into decisions. There is perhaps work to be done in using BMs as a resource as they do represent members and are highly regarded pharmacists in ongoing work. • It was recognised that the Board is generally reactive and needs to become more proactive. • The development session demonstrated that time for reflection is very beneficial. • It is important to develop the NPBs to make them more meaningful. • There needs to be more discussion with Boards as to the direction of travel • It was agreed that the 'Start, Lose, Improve, Keep' chart was very helpful and would be a good reference when considering the 2024 workplan. BMs were also asked to think about any gaps. <p>Overall, it was agreed that the day was very useful, supporting BMs to challenge assumptions and established perceptions. LW advised that the session had been at a basic level which could be built on.</p> <p>Action: CR to share photos of the charts from the development day with BMs. Action: LW/AC to feed back to PB that SPB unhappy that Fellows weren't presented with certificates.</p>	<p>CR LW/AC</p>
<p>23.09.SPB.10</p>	<p>2024 Planning for the SPB</p>	

	<p>Laura Wilson introduced a discussion on the work plan for 2024.</p> <p>The 2024 work plan will follow the same principles as 2023. It will include Advancing professional practice, professional belonging and professional engagement.</p> <p>Work streams to include:</p> <p>Advancing professional practice – It would be good if there were opportunities to undertake specific commissioned work in the same way as England and Wales. However, awarding of funding seems to happen differently in Scotland. It would raise the profile of the RPS in Scotland.</p> <p>Research and evaluation of services. The evaluation of services would fit better with the activities of Community Pharmacy Scotland (CPS) as could be contractual. It would be a challenge to obtain funding for a researcher and then to retrieve data in a timely manner. Data around prescribing and deprescribing would be useful; could collaborate with other organisations that support pharmacists.</p> <p>Policy work will be a priority, considering key issues, e.g. Assisted Dying and conscientious objections; this will always be challenging as emotionally charged. There may be scope for policy and guidance on gender dysphoria. BMs were asked to consider other potential areas of policy and guidance and feed back to LW.</p> <p>The discussion will serve as the foundation for the development of the 2024 work plan. Ideas generated will be further developed and then the work plan will be presented to the Board at the November NPB for approval.</p> <p>Action: BMs to feed back to LW on potential areas of policy and guidance.</p>	BMS
23.09.SPB.11	<p>Pharmacist Prescribing (IP)</p> <p>Marcia Reid has been appointed as the Programme Manager to develop and promote a new member value proposition for prescribing pharmacists to incentivise RPS</p>	

Membership and confirm the RPS as the leading Professional leadership body for pharmacists prescribing.

The aim is that, by 2025, 50% of prescribing pharmacists registered with the GPhC will be RPS members.

Over the last 12 months, workshops, focus groups and round tables have been held. They have considered the main themes of guidance and information, professional development, support, tools and resources, policy and DPP. From this a draft proposition has been developed. Web pages have been developed to pull all the content into one place. BMS have been asked to feedback to LW/Regina Ahmed (research team) thoughts on the website as it is now and specifically any comments on whether it meets the needs of all countries.

It was suggested that the RPS DPP information is not 'user friendly', is over-complicated and could put people off becoming a DPP as they feel it is an onerous task. LW to feed this back to the team.

Prescribing and the separation of the functions.

Current RPS guidance

The prescribing and dispensing /supply and/or administration of medicines should normally remain separate functions performed by separate healthcare professionals in order to protect patient safety.

All current guidance (including RPS/RCN guide, MEP, NES) provide the same message on the topic of separation of prescribing and dispensing or prescribing and administering.

There have been discussions with CPS and CP Wales, exploring how risks are mitigated. A position statement has been drafted but not yet finalised.

Next steps:

1. Wider stakeholder engagement – starting with RCN, RCGP, NES, CPhOs and CPS.
2. Develop supporting professional guidance

	<p>3. Potentially revise agreed draft position statement 4. Publish position statement with support from other professions 5. Recommend research into patient safety aspects of RX and dispensing to understand impact.</p> <p>Action: BMs to feedback on website as it is to LW/ Regina Ahmed. Action: LW to feedback that the RPS DPP information is not user-friendly; it has been over-complicated.</p>	
23.09.SPB.12	<p>PGDs for Technicians (23.09/NPB/09)</p> <p>BMs were asked to discuss and make a decision on the RPS position on the use of Patient Group Directions (PGDs) by Pharmacy Technicians (PTs).</p> <p>LW provided background information. A member survey has been carried out but low engagement numbers, with some of the responses from non-members and non-pharmacists, meant that it wasn't representative of RPS members' views. Comments that were received were around education and training, potential risks, supervision by pharmacists.</p> <p>Consultation questions:</p> <ul style="list-style-type: none"> Do you agree or disagree with the proposal to amend the Human Medicines Regulations (2012) to enable pharmacy technicians to supply and administer medicines to patients using patient group directions (PGDs)? Agree. Do you agree or disagree that the 2-year pre-registration training equips pharmacy technicians with the appropriate knowledge and skills to complete the training requirements which allow them to use PGDs? There was a discussion around responsibility. i.e., if a registered PT has the relevant training to use PGDs and makes a mistake, where does the responsibility rest? The registered PT would be acting within their training competency. It was noted that there is sufficient safeguarding within the PGD to protect the pharmacist if a mistake is made. 	

	<p>Agree. Some discussion around the potential need for additional training requirements for pharmacy technicians around PGDs but that training to carry out the PGD itself would be detailed within it.</p> <ul style="list-style-type: none"> Do you agree or disagree that allowing pharmacy technicians to supply and/or administer under a PGD will enable safe access to medicines for patients? Agree. Some slight concern over pharmacy technicians being asked to undertake or offer PGDs which are out with their level of competence. This proposal is to allow registered pharmacy technicians to supply and administer medicines using a PGD. Do you have additional information in support of this proposal or for why this proposal should not go ahead? Agree. Do you agree or disagree that the consultation stage impact assessment gives a realistic indication of the likely costs, benefits and risks of the proposal? Agree. 	
23.09.SPB.13	<p>Clinical Leadership Fellow</p> <p>LW welcomed Cara Mackenzie (CM) to the meeting. CM is the Scottish CLF for 2023/2024 and she will be sharing her time with NES (3 days per week with RPS). Whilst at RPS, CM's principal focus will be on Pharmacogenomics.</p> <p>CM gave a brief summary of how she expects her year as a CLF to run. Personally, she hopes to increase her leadership and management skills and to expand her pharmacy network. She is looking forward to the next 12 months and to seeing what it brings. It is expected that the RPS Pharmacogenomics Strategy will be published in the next few weeks.</p>	
23.09.SPB.14	Papers for noting	

	<p>The SPB noted the following papers 23.09/NPB/14(i-ix)</p> <ol style="list-style-type: none"> i. Science & Research update ii. Education update iii. Policy and consultations iv. Public Affairs v. Sustainability vi. Pharmacogenomics vii. Inclusion & Diversity viii. Workforce wellbeing ix. Marie Curie Daffodil Standards 	
<p>23.09.SPB.15</p>	<p>Any other Business</p> <p><u>Ban on single use vapes</u> It is thought that the Scottish Government is considering consulting on the banning of single use vapes (England is considering an outright ban). There is no proper regulation. RPS will need to have a view; looking at an outright ban but, in the meantime, is keen to explore interventions with more immediate impact.</p> <p><u>Concerns:</u></p> <ul style="list-style-type: none"> • Environmental impact • Health impact • No definitive evidence that vapes aid smoking cessation <p>The SPB was supportive of an outright ban.</p>	
<p>23.09.SPB.15</p>	<p>Dates of Next NPB/SPB meetings</p> <p>9th November – face to face in London (day before RPS conference)</p> <p>It was suggested that, if there are breakout rooms at the Nov meeting, each breakout room should have BMs from each Board (mixed).</p>	

	Action: LW/AC to take forward to the agenda planning meeting on 5 Oct.	LW/AC
23.09.SPB.16	Close of meeting at 14:15	

Action List

Item	Action	By Whom	Open/Closed/Comments
23.09.03(a)	Declarations of Interest BMs to send CR any DofI updates.	BMs/CR	Ongoing
23.09.04	Action No. 23/06/07 from NPB minutes NPB: Set up a Board working group to further help and guide our policy work and direction of travel in independent prescribing – action through Policy & Stakeholder Group. To be actioned once work plan has been confirmed.	LW/BMs	Open
23.09.SPB.06	Professional Leadership Commission LW to feedback SPB comments re: the blog to PB & CA.	LW	Open
23.09.SPB.09	Update on the Vision for Pharmacy Practice in Scotland CR to share photos of the charts from the development day.	CR	Open
23.09.SPB.10	2024 Planning for the SPB BMs to feed back to LW on potential areas of policy and guidance.	BMS/LW	Open
23.09.SPB.11	Pharmacist prescribing <ul style="list-style-type: none"> • BMs to feed back to RA/LW on draft value proposition. • LW to feedback that the RPS DPP information is not user-friendly; it has been over-complicated. 	BMs LW	Open Open

23.09.SPB.15	LW/AC to take forward to the agenda planning meeting on 5 Oct.	LW/AC	Open

Unapproved

WELSH PHARMACY BOARD MEETING – OPEN BUSINESS

Minutes of the open meeting held on Wednesday 20th September 2023 at Ash Tree Court, Woodsy Close, Cardiff, CF23 9RW.

Present:

Welsh Pharmacy Board

Geraldine Mccaffrey (GM) Chair, Cheryl Way (CW) vice chair, Richard Evans (RE), Rafia Jamil (RJ), Lowri Puw (LP), Dylan Jones. (DJ), Helen Davies, (HD) and Jodie Gwenter, (JG).

RPS Staff

Paul Bennett CEO, Elen Jones (EJ) Director for Wales, Cath Ward (CW) Business Manager, Wales, Alwyn Fortune (AF) Policy and Engagement Lead Wales, Iwan Hughes (IH) Acting Head of External Relations Wales, Anna Croston (AC), PDaHW Project Manager.

Ben Randall, Firetail

Apologies

Liz Hallett (LH)

Rhian Lloyd Evans (RLE)

Gareth Hughes (GH)

Eleri Schiavone (ES)

No members were in attendance.

23.09WPB01	Welcome and apologies.	<p>GM welcomed everyone to the meeting, to include Ben Randall from Firetail (undertaking the RPS Governance review) and Tammy Lovell from PJ who was planning on attending, both attending virtually.</p> <p>Apologies were received from Gareth Hughes (GH), Liz Hallett (LH), Rhian Lloyd Evans (RLE) and Eleri Schiavone (ES)</p> <p>PB explained that Firetail were attending as they were undertaking the Governance Review and had attended governance meetings throughout the RPS.</p>
23.09WPB02	Declarations of Interest	Helen Davies and Cheryl Way's Declarations of Interest to be updated.
23.09WPB03	Minutes and matters arising	<p>To approve NPB minutes from the open business of 21.06.23 and of WPB Open minutes of 21.06.23</p> <p>NPB Minutes of 21.06.23 Welsh Pharmacy Board approved the minutes of the meeting of 21st June 23 as an accurate record.</p> <p>Approved by: Helen Davies</p> <p>Seconded by: Lowri Puw</p> <p>WPB Minutes of 21.06.23 Welsh Pharmacy Board approved the minutes of the meeting of 21st June 23 as an accurate record.</p> <p>Approved by: Helen Davies</p> <p>Seconded by: Lowri Puw</p>

		<p>Matters Arising</p> <p>At the last meeting it was noted that seed funding is not specifically set aside for projects in the PDaHW programme this year. Information on the successful projects from 2022 has been requested from Welsh Government.</p> <p>Action – Team to pursue and obtain the information from Welsh Government on previously funded projects.</p> <p>Action – An IP working group was to be set up through the Policy and Stakeholder Group – this item will remain as an outstanding item as we need to gain more insight from our members, also noting that this is a wide piece of work.</p> <p>PB advised that the RPS has seen enthusiasm to support the prescribing work. Marcia Reed has been appointed as the Programme Manager across the organisation.</p> <p>Marcia will present at the NPB meeting in November.</p>
23.09WPB04	Directors Report	<p>EJ offered special recognition on the recent successes of the WPB at the Welsh pharmacy Awards, JG and the Education team at Swansea Bay, Hospital pharmacy team of the year, DJ and the Llanidloes team Innovations in service delivery in community pharmacy and RLE and her team at the Grange for the Patient safety development in secondary care award.</p> <p>She also thanked GM for delivering her speech so brilliantly and a great opportunity to recognise Berwyn Owen and all his achievements in pharmacy.</p> <p>EJ updated the WPB on the various meetings and conferences that she had attended and participated in as Director. Highlights as follows: -</p> <ul style="list-style-type: none"> - Judge for the innovation in Community pharmacy multiple awards and it was very special again

		<p>for RPS to sponsor the special recognition award, which Berwyn Owen was recognised.</p> <ul style="list-style-type: none"> - Met with the new head of the up-and-coming school of pharmacy for Bangor University Professor Stephen Doughty and Professor Dyfrig Hughes. - Preparation for conference – very pleased to have TEVA, GSK and Ferring as sponsors contributing financially to the conference, and we will be providing complementary stands for colleagues from pharmacist support, Marie Curie and all the organisations that sit around the Welsh pharmaceutical committee table. - Visit with the pharmacy team at Park Prison in Bridgend and met with Dyfodol who support people that are returning to the community from prison. - 2 students from Swansea spend time with RPS Wales to learn more about the RPS, - Engaging with a series of events hosted by HEIW around the pharmacy training curriculum and what activities can be undertaken in different pharmacy settings – joined with practitioners who are working in primary care / community and hospital. - EJ thanked all board members who helped by presenting at the foundation pharmacist’s first training session with HEIW. - Attended the celebration of India independence and the India-Wales-UK partnership at Cardiff castle, hosted by member Raj Aggawala. - Attended various events and meetings NHS confederation celebrations – 75th birthday for the NHS, the HEIW workforce launch, the Superintendents meeting in London and Welsh pharmacy partnership.
23.09WPB05	Chair’s Report	<p>Chair’s report</p> <p>GM updated the board on her activity as Chair of the WPB since June 23. Highlights as follows: -</p> <ul style="list-style-type: none"> - GM advised that she has been involved personally in the HEIW foundation engagement and enjoyed the opportunity to discuss RPS with local trainees. - Met with HEIW about the Critical Care Workforce document which concerns were raised that the

		<p>document had no pharmacy references. As a result of that meeting their internal guidance and processes are being reviewed. and they did acknowledge this area needs work. It was agreed that 6 monthly meetings would be held. The team will email the board 4 weeks ahead of those meeting for content.</p> <ul style="list-style-type: none"> - Attended the Assembly face to face meeting in July at which items covered professional leadership, AGM motions regarding bring PJ back into print, an update on the Governance review and an update on membership EDI action plan. - Attended the NBCF at which she raised an item about the lack of arrangements for parental leave, will be taken through the Governance Review. - Attended the Welsh Pharmacy Awards and gave the speech for the RPS special recognition award. <p>A discussion was held around the advanced practice framework and whether there could be more obvious reference to the RPS framework rather than just exclusion of pharmacy in the HEIW document. EJ agreed to discuss with Joseph Oakley.</p> <p>Action - set up a meeting with Joseph Oakley to discuss frameworks.</p>
23.09WPB06	Professional Leadership	<p>PB advised that feedback from the PB/CA blog regarding the CPhO's commission was generally supportive, however concerns were raised of the fact that RPS has not been able to be more transparent and accountable to the members, while at the same time providing the visible and decisive leadership that is expected of RPS.</p> <p>PB reiterated that RPS is trying to engage and is keen to push forward, however, until the Chair is announced (likely to be autumn 2023) and the terms confirmed, very little progress can be made.</p> <p>There was no further update.</p>
23.09WPB07	Membership	<p>Pharmacist Prescribing</p> <p>NP spoke about the opportunities for Pharmacy students, on their pharmacy journey and in particular</p>

		<p>those who would be qualifying in 2026. Attitudes amongst students are already changing in preparation for the 2026 cohort who will finish their training as prescribers.</p> <p>People still don't understand what we do, so this needs to be brought to life a bit more using filming short bite videos, social media.</p> <p>A formal proposal for the future of membership will be going to the Assembly in November for approval. At the NPB 9th November board meeting there will be a filming opportunity for board members to present their representative and leadership roles to the membership to encourage greater engagement with the work of the country boards.</p> <p>JG has already produced a video of what it is like being a board member, and this could be utilised, and RJ, JG, GM, and DJ offered to be filmed after November Board.</p> <p>In discussion board members raised concerns about training for current pharmacists and the gap that needs addressing with IP. NP said that there is much work for the RPS to consider regarding policy work, upskilling the legacy workforce and clinical supervision especially for the foundation year.</p>
23.09WPB08	Pharmacy Manifesto	<p>IH presented this item.</p> <p>WPB noted the contents of paper 23.09WPB08 previously circulated.</p> <p>IH reflected on the position in Wales with Devolution and the influence RPS have had on policies in Wales.</p> <p>The board noted that the next Westminster elections will be by May 2024 at the latest and consideration needs to be given to what RPS Wales need to be included.</p> <p>He advised that at the last General Election in 2019, RPS developed a 'pharmacy manifesto' and said that we propose to take a similar approach in the run up to the next General Election.</p>

		<p>The proposal for consideration was that the manifesto work should led by Team England, liaising with Country Boards as appropriate. The General Election presents an opportunity for RPS to contact election candidates to raise the profile of Pharmacy and highlight key issues.</p> <p>In discussion the WPB agreed that Team England should lead on this work in conjunction with the English Pharmacy Board. Noting that all papers should be shared with RPS Scotland and RPS Wales teams for information only.</p> <p>The proposal needs to reference the RPS Visions and the Kings fund references maximising prescribing in the community.</p> <p>Action – IH to feed back the views of the WPB to the Public Affairs Teams.</p>
23.09WPB09	PGD's for Technicians	<p>AF presented this item.</p> <p>WPB noted paper 23.09WPB09 previously provided.</p> <p>AF explained that there needs to be a consensus across three National Pharmacy Boards to obtain a GB position for the RPS consultation response on whether pharmacy technicians should supply and administer medicines under PGD. A draft policy statement set out in the paper also needed agreement. Consultation response is due on 29th September.</p> <p>A series of questions were asked in line with the consultation. WPB unanimously agreed. with the proposal to amend the Human Medicines Regulations (2012) to enable pharmacy technicians to supply and administer medicines to patients using patient group directions (PGDs)</p> <p>There were varying opinions whether the 2-year pre-registration training equips pharmacy technicians with the appropriate knowledge and skills, albeit that current PGD's are provided with additional training depending on the topic. Does the curriculum cover knowledge of PGD?</p> <p>WPB agreed that additional information needs to be added, bringing all pharmacy technicians to the same point of understanding on PGDs. There was discussion around modules that pharmacists</p>

		<p>completed on generic PGD use before embarking on individual PGDs and that helped ensure the appropriate baseline and refresher. WPB therefore disagreed as it currently stands that the 2-year pre-registration training equips pharmacy technicians with the appropriate knowledge and skills to complete the training requirements which allow them to use PGDs.</p> <p>WPB unanimously agreed that allowing pharmacy technicians to supply and/or administer under a PGD will enable safe access to medicines for patients.</p> <p>WPB raised some concerns that it was difficult to quantify at this stage, that the impact assessment gives realistic indication of the likely costs, benefits, and risks of the proposal and felt that more consideration should be given to the additional indemnity costs that pharmacy technicians would likely incur.</p> <p>Pharmacy and in particular from a regulatory perspective should look to other regulatory bodies for how things worked for example with dental hygienists and technicians.</p> <p>Action – AF to feedback the view of the WPB to the Policy Group.</p>
<p>23.09WPB10</p>	<p>PDaHW</p>	<p>AC updated the WPB on the Pharmacy Delivery a Healthier Wales (PDaHW) project.</p> <ul style="list-style-type: none"> - New delivery board chair Chris Martin has been appointed and Anna Croston and Emily Guerin appointed as Project Managers. - Review of governance has taken place and membership of all the working groups have been refreshed. - The key goals and asks to have been determined and the subgroups have been considering the actions and measures. - Suggested amendments to the actions and measures will be reported and discussed at the delivery board and then any escalation to Welsh Pharmaceutical Committee, as necessary. <p>There was a discussion around prescribing and expanding scope of practice and the differences in various settings.</p>

23.09WPB11	2024 Planning for WPB	<p>WPB noted paper 23.09WPB11</p> <p>The board reviewed the topics and themes covered in the past year with a view to determine whether any of the areas warrant continued attention or require re-evaluation, and to identify new policy areas that are emerging as critical to the pharmacy profession.</p> <p>The board were pleased with the recruitment of the Project leads for the Pharmacy Delivering a Healthier Wales (PDaHW) noting that the review of subgroup and governance procedures has provided a good foundation. PDaHW feels like a programme of delivery and success can be measured through the work of the subgroups.</p> <p>Board members reflected that The Hospital Review undertaken by RPS on behalf of the Welsh Government may have a positive effect in membership increase as a result in members feeling their voice has been heard.</p> <p>WPB observations as possible ambitions for 2024 policy areas: -</p> <ul style="list-style-type: none"> - Marie Currie - Daffodil Standards was not a core policy although it naturally leads to a refresh of the Palliative end care life policy - Substance misuse was an up-and-coming work topic. Possible guidance following on from work prison work in prisons on the transfer of provision from different settings - Independent Prescribing - AMR - Pharmacoeconomics, a clinical fellow in Scotland will be taking forward this work and there will be an active workplan on the agenda - Health Inequalities Policy - How to manage private prescriptions - Frailty – where does pharmacy fit in

		<p>- Your Medicines your Health</p> <p>EJ concluded that the discussions would serve as the foundation for the development of the 2024 workplan. The ideas generated will be further developed by the team, country teams will share the ideas from EPB and SPB also, ensuring that the final plan reflects the collective voices of all three boards with GB activity and Welsh specific activity made clear.</p> <p>The final plan will be presented for WPB review and approval at our next board meeting in November.</p> <p>Action – Review and approval at the November meeting.</p>
23.09WPB12	New Engagement model	<p>New Engagement Model</p> <p>EJ and AD provided an update on the new Engagement Model.</p> <p>Prior to the pandemic each of the country teams benefitted from a Pharmacist Member Engagement Lead who supported local activity as well as other member facing activities. During COVID our face-to-face engagement ceased, and these roles were not so obviously missed. However, now that we are back out engaging with the profession, hosting workshops, and attending conferences etc, this activity has become increasingly challenging for country teams. We need now, more than ever, to be physically present to demonstrate what we do and why we are crucial as a Professional Leadership Body.</p> <p>Member engagement is crucial. The RPS locals’ approach was revised in 2022 into an RPS regionals model and ambassadors for the new 14 regions recruited to. The overarching aim is for every RPS member across GB to have access to vibrant networking opportunities.</p> <p>The Pharmacy Engagement Manager was recruited to in April 2022 and has led on the recruitment and set-up of the new regional ambassador model.</p> <p>The boards agreed the annual programme will involve:</p> <ul style="list-style-type: none"> • One face to face event, preferably bringing several Locals together.

		<ul style="list-style-type: none"> • A quarterly virtual event (potentially hybrid event from 2023) • Digital networking <p>The Pharmacy Engagement Manager and three new Pharmacy Professional Leads will report to AD and will be responsible for Expert Advisory Groups and for the 14 regional Ambassadors.</p> <p>A recruitment process is underway to recruit 3 new Pharmacy Professional Engagement leads based in Scotland and the North of England, England and Wales and the West of England.</p> <p>Adverts went out August 2023 and the closing date was 10th September Closing date, with shortlisting currently in place.</p>
<p>23.09WPB13</p>	<p>Pharmacists Prescribing</p>	<p>Marcia Reid has been appointed as the Programme Manager to develop and promote a new member value proposition for prescribing pharmacists to incentivise RPS Membership and confirm the RPS as the leading Professional leadership body for pharmacists prescribing.</p> <p>The aim is that, by 2025, 50% of prescribing pharmacists registered with the GPhC will be RPS members.</p> <p>Over the last 12 months, workshops, focus groups and round tables have been held. They have considered the main themes of guidance and information, professional development, support, tools and resources, policy and DPP. From this a draft proposition has been developed.</p> <p>Board discussed a DPP register, could this be hosted by RPS? Or National approach – GPhC. Needs discussion with GPhC</p> <p><u>Prescribing and the separation of the functions.</u></p> <p>Current RPS guidance</p> <p>The prescribing and dispensing /supply and/or administration of medicines should normally remain separate functions performed by separate healthcare professionals in order to protect patient safety</p>

		<p>All current guidance (including RPS/RCN guide, MEP, NES) provide the same message on the topic of separation of prescribing and dispensing or prescribing and administering.</p> <p>There have been discussions with CPS and CPW, exploring how risks are mitigated. A position statement has been drafted but not yet finalised.</p> <p><u>Next steps:</u></p> <p>Wider stakeholder engagement – starting with RCN, RCGP, NES, CPhOs and CPS</p>
23.09WPB14	Papers for noting	<p>The WPB noted the following papers 23.09/NPB/14(i-ix)</p> <ul style="list-style-type: none"> i. Science & Research update ii. Education update iii. Policy and consultations iv. Public Affairs v. Sustainability vi. Pharmacogenomics vii. Inclusion & Diversity viii. Workforce wellbeing ix. Marie Curie Daffodil Standards
23.09WPB15	AOB	None
23.09WPB16	Dates for next meeting	Dates will be presented to Assembly in November and shared with board once ratified.

Action List

Item	Action	By Whom	Open/Closed/Comments
23.09WPB02	Update DOI's for Cheryl Way and Helen Davies	CW	Closed
23.09WPB03	<p>Team to pursue and obtain the information from Welsh Government regarding the seed funded projects for PDaHW 2022.</p> <p>An IP working group was set up through the Policy and Stakeholder Group – this item will remain as an outstanding item as we need to gain more insight from our members, also noting that this is a wide piece of work.</p>		
23.09WPB05	Set up a meeting with Joseph Oakley to discuss frameworks.	EJ	
23.09WPB08	IH to feed back the views of the WPB to the Public Affairs Teams.	IH	
23.09WPB09	AF to feedback the view of the WPB to the Policy Group.	AF	

Unapproved

National Pharmacy Board meeting – 9 November 2023

Title of item	Science and Research update to National Pharmacy Boards
Author of paper	Professor Parastou Donyai
Position in organisation	Chief Scientist
Telephone	020 7572 2275
E-mail	Parastou.Donyai@rpharms.com
Headline summary of paper	Summary of Science & Research Team activities
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	NA
Resource implications	NA

Science & Research updates since September Board meeting

- Senior Research Manager post offered on a 0.6FTE basis to a successful candidate following recent recruitment activity
- New Science & Research Officer (0.6FTE) being recruited
- New Science & Research Committee (SRC) members shortlisted for interview
- A new Chair of SRC approved by the Appointments Committee and for ratification at Assembly in November 2023
- The Harrison Award publicised via an email to Pharmacy Schools Council and a letter to the Pharmaceutical Journal
- Harrison Award scoring criteria reviewed and re-drafted
- Inclusion & Diversity Evaluation focus groups completed
- Annual Workforce Wellbeing survey launched on 16 October
- Foreword written for the supplemental issue of the International Journal of Pharmacy Practice to accompany the publication of abstracts presented at the RPS Annual Conference 2023
- Antimicrobial Expert Advisory Group – Meeting held on 28 September 2023
- Deputy Chief Scientist shared pre-recorded presentation at the Demystifying Credentialing event on 10 October.

National Pharmacy Board meeting – 20 September 2023

SCIENCE AND RESEARCH UPDATE TO NATIONAL PHARMACY BOARDS

1. Background

The purpose of the Science and Research programme is to:

- increase the profile of science and research in pharmacy
- develop and build research capacity and capability in pharmacy
- support the workforce with governance and ethical aspects of the profession
- drive innovation and build the evidence base
- Ensure internal processes and products are driven by research/evidence-based decision making

This paper outlines Science and Research activities undertaken from May 2023 to present.

2. Summary of activity

2.1. Staff recruitment

- New Deputy Chief Scientist, Professor Diane Ashiru-Oredope recruited (0.2 FTE) and started at RPS on 03 August 2023.
- Final working days of Senior Research Development Managers (job-share 0.6FTE x 2) on 31 August and 30 September 2023.
- New Senior Research Manager (1FTE) currently being recruited.

2.2. Recognition

23.11/NPB/12(i)

- **Harrison and Hanbury Awards** – Nominations open; further information in the new [RPS awards webpage](#).
- **Outstanding Pharmacy Early-Career Research Awards' (OPERA)** – 25 nominations for 19 individuals were submitted; from this, 9 shortlisted researchers were selected. The winner, Stephen Kelly, was announced on 21 July, alongside a second “highly commended” nominee, Victoria Speed. The Pharmaceutical Journal wrote [a short piece](#) on the OPERA nomination and selection process.

2.2. Research Support Services

The team provides planned and *ad hoc* support to other RPS teams and workstreams, along with external research support.

- **Inclusion and Diversity Evaluation**– I&D survey 2023 closed in June 2023. Initiated the “*Sense of Belonging*” literature search and review, including the screening of 374 papers according to determined inclusion/exclusion criteria. Currently analysing the 56 paper that met our inclusion criteria. Began planning recruitment and the schedule for the I&D focus groups, which are due to take place in September/October.
- **Workforce wellbeing** – SRT currently supporting the development of the 2023 Workforce Wellbeing survey, due to be launched on 16 October 2023.
- **RPS Annual conference abstract submission process 2023** – Continued supporting the education team with the call for abstract, including abstract review. Have assisted in the recruitment of judges for the poster abstracts being presented.
- **Research support and mock Interviews** – Organised and delivered the following:
 - Southwest Pharmacy Research Network Meeting (19 June) – Presentation on RPS’ tools, guidance documents, and research support services.
 - (02 June) – Career support session
 - – Research methodology support
 - (04 August) – PhD application support

2.3. Resources for the development of research capacity and capability in pharmacy

- NIHR research e-Learning modules
 - In support of the nine short (45 mins) NIHR research e-learning modules, we have continued the review and update of our research and evaluation guides. We have published a new service evaluation guide and we are currently updating a new quality improvement guide. We have also re-designed [our home page](#) for our research and evaluation guides to make the site more user friendly
 - Responsibility for the NIHR research e-learning modules has been reassigned to SRT. All communications with NIHR and module maintenance will be managed within our team. Previous promotion efforts undertaken by SRT and the wider PLB teams includes producing social media posts, promotion in our newsletter, and promotion at relevant events.
- RPS Interns
 - Prepared case studies, meetings with the Chief and Deputy Chief Scientist, and problem-solving exercises for the RPS’ interns who joined SRT for the day on Wednesday 30 August.

2.4. Other

- **Media enquiries**
 - Media enquiry on the impact Brexit has had on the pharmacy industry for the I newspaper
 - Request for comment on the [extra £30m a year to boost research careers for healthcare professionals](#) from the Pharmaceutical Journal
 - Media enquiry about Tik Tok Paracetamol Challenge for The Pharmacist

- Media enquiry for Daily Mail on vaginal drug delivery
- **Chief Scientist Research Opinion** – Monthly blog, providing commentary on selected articles from RPS journals. The most recent post is titled “Protecting our children’s future from global health threats” and can be found [here](#).

2.5. Science and Research Committee and Expert Advisory Groups

Science and Research Committee

- Meeting held on 2 June 2023, and included a discussion of projects for each of SRC’s sub-groups, including:
 - Access of medicines via online sources: Campaign to raise awareness of the dangers of unregulated access to medicines without medical oversight
 - New Medicines, better medicines, better use of medicines: A Guide to the Science Underpinning Pharmaceutical Practice (Guidance document update)
 - Pharmacy Research Communities of Practice: Improving Research Capacity and Capability Among Pharmacy Professionals
- Next meeting to be held in November 2023. Observing the governance procedures of the RPS, the term of the position of Chair and of some of SRC members comes to an end after this SRC meeting. Therefore, a call for a new Chair has been launched, with the aim to formally appoint the new Chair in January 2024. We are also currently recruiting new SRC members, to replace those whose term of position ended earlier in 2023.

Antimicrobial Expert Advisory Group – Meeting held on 25 May 2023. Next meeting to be held on 28 September 2023.

Industrial Pharmacy Advisory Group – Meeting held on 6 June 2023. Next meeting to be held on 28 September 2023.

Meeting minutes can be found [here](#).

National Pharmacy Board meeting – 9 November 2023

Title of item	Education and Professional Development June – August 2023 activities update
Authors of paper	Helen Chang, Head of Professional Development Helen.Chang@rpharms.com
Position in organisation	
Telephone	Joseph Oakley, Associate Director of Assessment and Credentialing
E-mail	Joseph.Oakley@rpharms.com
Headline summary of paper	Education and Professional Development activities report June – August 2023
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the authors ahead of the meeting.
Risk implications	n/a
Resource implications	n/a

September/ October Highlights

- **Students:** Our Oriel offer for 2023 drew to a close in September. We supported over 600 delegates across 4 interactive events. All sessions were a success with 98% of delegates reporting they would recommend the sessions to a colleague.
- **Foundation training:** September saw the launch of our webinar series for the 23/24 cohort of trainee pharmacists, with over 350 trainee pharmacists registered for our webinars in September and October.
- **Prescribing:** The education and professional development team are leading the Education workstream of the RPS prescribing programme. We have launched a webinar series focussed on supporting new prescribers.
- **Core Advanced:** Currently preparing to launch a study being carried out collaboratively by the RPS) and the education commissioning bodies across Great Britain (NHS Education for Scotland (NES), NHS Health Education England (NHSE), NHS Health Education and Improvement Wales (HEIW) and the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD) to measure the self-reported advanced-level practice development needs of pharmacists across the United Kingdom against the RPS Core Advanced curriculum. The survey will go live on 25 October and will close on 27 November.

- **Core Advanced credentialing:** We released the Core Advanced credentialing results for our first 2 CPPE cohorts, with a total of 10 successful candidates. The next results will be released on 21st November.
- **Consultant pharmacist post approval:** Received a total of 8 Consultant Pharmacist post approval applications which are currently being assessed by our panels of reviewers with outcomes being released at the end of November.
- **Annual Conference:** We continued to develop the programme whilst meeting with speakers to finalise sessions and panel discussions. Speaker and Chair briefing packs were developed. Almost all sessions have been finalised. Keynote speaker briefing pack developed and sent with a briefing call scheduled for November.
- **Conference abstracts:** Abstracts have been sent for publication with IJPP. 70 abstracts will be published this year.
- **RPS Live:** A webinar delivered in collaboration with the National Association of Link Workers – Improving Health and Wellbeing through Social Prescribing. There were 60 registrants and 100% of learners would recommend to a colleague.

Education and Professional Development activities update to National Boards

1. Background

Educational activity for 2023 largely focusses on developing a compelling educational and professional development value proposition to support membership growth in our target segment: pharmacist prescribers. We are also focussing on scaling our credentialing activities at the advanced level of practice following the release of the RPS Core Advanced curriculum and preparing for 2024 where we will be delivering live credentialing assessments across the three levels of post-registration practice.

2. Summary of activity /achievements to date

2.1. Students

- We have continued working closely with NHSE, NES, HEIW and BPSA to co-develop and deliver a series of webinars to support third year MPharm students prepare for the national foundation training recruitment scheme (Oriol) 2024/25. Over 300 students registered for the second webinar in June, which summarised approaches to the preferencing stages of the recruitment process.
- We have launched our series of Demystifying Oriol workshops in August, to help prepare students for the Oriol assessment. Over 100 delegates attended and reported feeling more prepared for the assessment following the session.

2.2. Foundation training

- We have attended various Foundation conferences in England throughout July and August, engaging with trainee pharmacists and reinforcing RPS support available, especially during the initial stages of their career.
- Delivery plans and speakers have been confirmed for our RPS foundation trainee membership programme 23/24. The programme will launch with a series of interactive webinars focussed on trainees' development throughout their Foundation year (weaving in multiple RPS resources). The webinar series will commence in September 2023.
- Draft plans are underway for the Revision Course programme and Mock feedback sessions, due to launch in 2024. Additional sessions will be planned for the cohort, with a proposal of 31 live webinar dates in total.
- We continued to develop the NHSE Foundation Trainee Pharmacist E-Portfolio and have successfully released the final set of enhancements in August (which forms part of year 2 delivery of our 3-year contract with NHSE).

2.3. Mentoring

- We continue to see good engagement on the mentoring platform. We currently have 2059 registered users on our mentoring platform. 1724 mentees (1492 are active), 583 mentors (463 are active). 2764 mentoring requests have been made (743 are in progress and 581 marked as already completed). We are currently exploring new streams of work with our mentoring advisory group and will look to expand the scope of the group so that can support us with supervision and communities of practice.

2.4. Courses and programmes

- We reviewed remaining NIHR E-learning for Pharmacists and Pharmacy Technicians modules to ensure that the quality and learning experience adheres to our education quality standards. Six modules are now available on the NIHR website, and the final three are being finalised by our designers.

2.5. RPS Live

- In June - August we developed and delivered 1 webinar followed by a break over the summer period.

Month	Webinar content	Number of registrations	% Learners who would recommend to a colleague
July	NICE webinar – Multimorbidity and Shared Decision Making	116	100%

- Development continued for future webinars with NICE and National Association of Link Workers – Social prescribing webinar.

2.6. Annual conference

The Education Team have remit over content planning for the Annual Conference Programme. The theme of the conference is 'Working Together: Empowering the Workforce to Transform Patient Care', focusing on how teamwork and collaboration within and beyond pharmacy can drive improvement in the health and wellbeing of society. There will be 4 content streams across the day:

- Working with patients as partners
- Working with the wider pharmacy and multidisciplinary team
- Collaborating with global partners
- Collaborating with industry and research partners

We will also be hosting an RPS Zone and a Wellbeing Zone which is a collaboration between RPS and Pharmacist Support. Additionally, there will be workshops running throughout the day:

- Credentialing – Identifying development needs for RPS Core Advanced Credentialing
- Research – How to write a publishable paper
- I&D – What does Sense of Belonging mean to you?

Planning continues to further develop and define content, with activity as follows:

June:

- Keynote speaker announced – Professor John Amaechi
- Conference programme published and registrations opened
- Call for abstracts and innovative practice examples closed and peer review period began. Record number of submissions with 169 in total.

July:

- Programme development and refinement continued with partner organisations
- Organisations supporting content development include:
 - APTUK
 - Commonwealth Pharmacists Association
 - Pharmacist Support
 - UKCPA
 - BOPA
 - PCPA

- CMHP
- NPPG
- FIP
- National Association of Link Workers
- Abstract and innovative practice submission authors informed of outcomes
 - 74 abstracts accepted into research zone and scheduled to be published in the International Journal of Pharmacy Practice
 - 10 submissions selected for oral presentation at the conference
 - 87 submissions accepted into the innovation zone

August:

- We have continued to work closely with partner organisations on developing the programme.
- All Chairs and most speakers and panellists have been confirmed
- Finalising all sessions

2.7. Assessment & credentialing

- **Post-registration Foundation**
 - We continue to engage positively with a growing number of HEI partners across England particularly about aligning their current post-graduate provision (specifically their diploma courses) against the RPS post-registration Foundation curriculum.
 - We are planning a proactive virtual stakeholder event for university partners to be delivered in Q4 2023 to try to build on this positive engagement.
- **Core Advanced**
 - There are currently 955 users registered onto the Core Advanced e-portfolio (includes learners and supervisors)
 - The submission and assessor interface of the Core Advanced e-portfolio was successfully deployed in this reporting window.
 - We have a cohort of 10 learners from the first pilot cohort of RPS/Centre for Advancing Practice/CPPE advanced pathway presenting for assessment in September 2023. An open credentialing submission window will be available in October 2023 for pharmacists outside of this England-only funded pathway.
- **Consultant Pharmacist post approval**
 - To date in 2023, the RPS has received 18 post approval applications.
 - 3 applications have been approved, with 4 being granted provisional approval. There are currently 11 outstanding outcomes. Post review has been significantly delayed because of reviewer availability given competing system pressures on their time.
 - The Education & Standards committee has recommended we write to the CPhO offices sharing our difficulties in securing reviewers for new consultant pharmacist posts.
- **Consultant Pharmacist credentialing**
 - There are currently 1259 users registered onto the consultant pharmacist e-portfolio (learners, expert mentors & professional coaches).
 - To date in 2023, 24 portfolios have been submitted to undergo the credentialing assessment in the 2023/1 and 2023/2 assessment diets. These were comprised of 19 first time attempts and 5 second time attempts. The overall pass rate for 2023 is currently 63%.

National Pharmacy Board meeting – 9 November 2023

Title of item	Policy and Consultations
<p>Author of paper</p> <p>Positions in organisation</p> <p>E-mail</p>	<p>Heidi Wright, Fiona McIntyre, Alwyn Fortune and Iwan Hughes</p> <p>Policy leads for England, Scotland, and Wales</p> <p>Heidi.Wright@rpharms.com, Alwyn.Fortune@rpharms.com Fiona.McIntyre@rpharms.com Iwan.Hughes@rpharms.com</p>
<p>Headline summary of paper</p>	<p>The National Pharmacy Boards are asked to note the update on policies developed and published by RPS plus the update on consultations responded to by RPS in the time period September 2023 to October 2023 and the policy statements made for each consultation.</p>
<p>Purpose of item</p>	<p>This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.</p>
<p>Risk implications</p>	<p>The RPS must develop policies and respond to relevant consultations to provide a voice for pharmacists.</p>
<p>Resource implications</p>	<p>None over and above staff time</p>

POLICY AND CONSULTATIONS UPDATE

Background

It is important that the RPS has a view and a position in a number of different areas to support and advance the work that pharmacists do.

By developing policies and responding to consultations, the RPS states it's view on behalf of members, and we are then able to advocate for the profession.

Summary of activity /achievements to date

Policy:

- We have published a position statement on the [Use of Patient Group Directions by Pharmacy Technicians](#)
- We have developed a [Vision for Pharmacy Practice in England](#) and a [best practice hub](#) under the themes in the vision. We are focusing on implementation of the vision in 2023
- We are now four years into our vision work in Wales and have reviewed the 2022 goals and set the new 2025 goals to keep on track for the 2030 [vision for pharmacy in Wales](#) *Pharmacy; Delivering a Healthier Wales*. We are leading on driving forward the work of the delivery board for implementation on behalf of Welsh Government through secretariat. The Delivery board, chaired by Chris Martin (Chairman of the Life Sciences Hub Wales), provides a focus on the four key themes of the vision and driving forward implementation. The most recent Delivery Board meeting was held on 9th October with actions taken away. Separately, meetings of the working groups of the four individual themes take place between delivery board meetings with actions that feed into the delivery board meetings. We held a 'Putting Patients First: Pharmacy Delivering a Healthier Wales' conference on the 21st September. With around 200 attendees, the event was extremely successful, blending pharmacy practitioner TED talks and external speakers running workshop streams.
- We are developing a position statement focused on the separation of prescribing and dispensing / administering /supply in terms of independent prescribers. We are engaging with key stakeholders on this topic.
- RPS Wales were commissioned to undertake an 'Independent Review of clinical pharmacy services in Wales' on behalf of Welsh Government. We are delighted to have published the [review](#), with the CPhO for Wales launching the review at our recent conference. We are also pleased that Welsh Government have accepted all 36 recommendations within the review, subsequently issuing their response to the Secondary care service with 60 Actions attributed to key stakeholders. We remain

committed to working with Welsh Government and wider stakeholders on the next steps in terms of implementation.

- We have published our [Protected Learning Time policy](#) supported with examples of good practice and a blog
- We contributed to the organisational response to the Covid Inquiry
- Following on from the launch of the Daffodil Standards, we have established a short life working group to support Community Pharmacies in Wales to implement the standards and lead a refresh of the RPS Palliative and end of life care policy.
- In Scotland, together with Marie Curie, we held a parliamentary exhibition to highlight the Daffodil standards. Over the course of three days, we held in depth conversations with 45 MSPs. Jackie Dunbar MSP raised the standards in the Scottish Parliament's debating chamber, and Scottish Government committed to encouraging the roll out of the standards. RPS Scotland is in the process of arranging MSP visits so three MSPs who are particularly interested in the standards can see how they are benefiting patients, families and carers in practice.
- We facilitate and attend regular meetings with pharmacy organisations and professional leadership bodies policy leads to discuss current priorities and consultation responses.

Pharmacist Prescribing:

- Following the update at the National pharmacy Board meetings in September by way of a presentation, we are now engaging with key stakeholders around guidance for the separation of prescribing and dispensing. To date we have had meetings with RCGP and RCN to discuss the separation of prescribing and dispensing / supply / administration. These have been positive meetings to date with follow up meetings planned.
- The RPS website has been updated with a dedicated 'prescribing' tab, acting as a home for members seeking guidance in this area. This will continue to evolve and Board member feedback will be warmly welcomed.

Next steps

- We will continue to develop policies on areas of significance and relevance to pharmacists.
- We will continue to engage with key stakeholders on pharmacist prescribing policy

Consultations

During the period September 2023 to October 2023, we have responded to 10 consultations, these consultations and the policy points for each consultation are attached as **Appendix 1**. These can also be found on our website [here](#).

Next steps

The RPS will be responding to the following upcoming consultations:

- Quality prescribing for respiratory: a guide for improvement 2024-2027 | Scot Gov

- NPI Feedback and Development Survey for 2025-2028 | AWTTTC
- All Wales Adult Asthma Management and Prescribing Guide (update 2023) | AWTTTC
- All Wales Common Ailments Service (CAS) formulary – Monograph for urinary tract infection in women | AWTTTC
- Weight Management: preventing, assessing and managing overweight and obesity (update) | NICE
- Alcohol - minimum unit pricing - continuation and future pricing: consultation | Scot Gov

Other areas

- We are delighted that Fiona McIntyre joined the RPS team in October, Fiona is our Policy & Practice Lead, Scotland.
- Policy leads are leading cross RPS groups focusing on workforce wellbeing, independent prescribing, sustainability and workforce and networking.
- Policy leads actively support the Expert Advisory Groups in Digital, Primary Care and Community Pharmacy
- Policy leads represent the RPS at regular meetings with stakeholders
- Policy leads work with universities to establish opportunities for teaching and interacting with student at various levels

Conclusion:

We will continue to respond to consultations on behalf of the membership to ensure that pharmacy has a clear, strong voice in all discussions which affect healthcare and pharmacy. We will also continue to develop policy in relevant areas. Our aim is to ensure that the views of members and experts within the profession are reflected in our responses to consultations and policy development.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)				Overall RAG
Reporting period		September – October 2023		
Risks / issues/		None identified		
Project deliverables		Progress summary	Next Steps:	
1.	Respond to consultations across GB	Responded to all relevant consultations during this time period	Continue to respond to consultations	
2.	Develop policies in line with National Pharmacy	Relevant policies developed	Continue to develop policies in line with National Pharmacy Boards' priorities	

	Boards priorities and workplan		
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Advice requested from Board:	Nil		At risk of not being delivered
			Delayed
			On plan

Appendix 1: The following consultations have been responded to by the RPS
Time period: 1 September 2023 – 31 October 2023

Proposal for the use of patient group directions by pharmacy technicians | DHSC

- Increasing the opportunities for pharmacy technicians to further develop their role has the potential to strengthen the foundation for pharmacy practice across all sectors.
- The three country visions for pharmacy, across RPS, all strongly support the development of the whole pharmacy team, fully utilising the skill mix of all members to release the clinical capacity of pharmacists.
- If this amendment is adopted, training needs to be adapted to reflect the legislation change and ensure technicians are provided with an appropriate knowledge base of PGDs and the governance and accountability that lies with them, in line with training delivered to pharmacists when originally commenced involvement with PGDs.
- Consideration should be given to the most appropriate healthcare professional(s) to utilise individual PGDs in the context of setting and clinical indication.
- As with all healthcare professionals, it is critical that pharmacy technicians should only work within their competence and can demonstrate competence prior to starting a particular PGD.
- Clarity is needed in terms of who is ultimately accountable for the supply and administration of medicines under a PGD in a registered pharmacy premises.
- The impact assessment requires further detail and makes some significant estimates, which seem to be numbers without any real data to back them up. We have concerns that these numbers underplay the additional costs of training and appropriately supporting the pharmacy technician workforce to deliver this.

Oliver McGowan draft code of practice on statutory learning disability and autism training | UK Government

- There is a need to make the training mandatory as this is an important lever in ensuring there is a culture change and it becomes everyone's problem.
- This list of learning outcomes from tier 2 and 3 are very comprehensive, however it is unclear in what situations additional training would be required beyond what is outlined. Some guidance or examples of what roles would require additional training would be helpful for the registered providers to understand what that is.
- The bit that is missing is how often the training should be repeated to ensure there is a recap which also covers any updates and new developments. One-off training would not be sufficient to achieve the aims and goal of the culture change to support people with a learning disability and autism.
- It is important to have training materials co-produced and co-designed with individuals who have learning disabilities and autistic people but it is also important to highlight that these individuals experiences are not representative of everyone with a learning disability or autism.
- The point of intersectionality has been touched on very briefly. This needs to be made stronger in considering the different experiences of people with a learning disability and autism from different backgrounds, which includes both how learning disability and autism is perceived and viewed in different cultures which may impact on the way the individual acts or their carers and family members act.

A Human Rights Bill for Scotland: Consultation | Scot Gov

- Together with Royal College of GPs in Scotland we are leading the way in creating a global movement for sustainable prescribing
- We have issued a joint statement, which is supported by over ten health professional leadership bodies in Scotland, which calls for wide ranging action to be taken by policy makers, education providers, NHS leaders and the pharmaceutical industry.
- We are committed to reducing the environmental impact of prescribing and medicines use
- We are of the belief that Scottish Government should consider incorporating some of the statement into the human rights Bill, and in doing so support our ambition to help the NHS to reach net zero and ultimately create a healthier environment for everyone to enjoy

Healthcare in Remote and Rural Areas | Scot Gov

- Issues which need to be addressed include
 - Recruitment and retention of healthcare professionals, including pharmacists and pharmacy technicians.
 - Equality of access to healthcare services such as hospital at home for people in remote and rural areas with those residing in urban centres.
 - Capacity of local infrastructure to support the retention of healthcare professionals in remote and rural areas of Scotland e.g., affordable housing, childcare.
 - There is still a need to help the public and other healthcare colleagues understand what services are available, including Pharmacy First and patient group directions available to ensure these services are accessed and utilised in community pharmacies. These community pharmacy

- services also need to be available in more locations to have maximum impact on other areas of the health service.
- Consider the impact on local services of the closure of care homes in remote and rural areas and the need to improve and increase resources for the teams left to pick up the burden.
- An enabler to improving the opportunities for pharmacists to contribute to improving healthcare in urban and rural areas is access to a shared electronic healthcare record.
- We called for:
 - A commitment to increasing the number of registered pharmacists and pharmacy technicians in Scotland to ensure we have capacity and the correct skill mix to offer a full range of services in remote and rural areas.
 - Considering the additional benefits of Anchor institutions in remote and rural areas contributing to an improved recruitment and retention profile in remote and rural areas.
 - A commitment to increasing the remote and rural offering of experiential learning placements for undergraduate pharmacy students and looking at different models of being able to facilitate this.
 - Opportunities to facilitate “grow your own” pharmacist plans to encourage children in remote and rural areas to see pharmacy as a career option, in addition to potential sponsorship of pharmacy university places for students based in remote and rural areas.
 - An understanding of the impact on pharmacy services of not being able to recruit support staff. This then impacts on the pharmacy services that will be able to be offered.
 - Consideration of the effect of the infrastructure in remote and rural areas on workforce recruitment and retention e.g., travel, transport links, fuel costs, deliveries, etc.

Amendments to regulations 3A, 19 and 247A of the Human Medicines Regulations 2012 to support the ongoing delivery of COVID-19 and influenza vaccination | DHSC

- It is vital that individual healthcare professionals supplying and administering the vaccination are protected under the specified circumstances. There needs to be clear communication to healthcare professionals, so they clearly understand that they are covered and under which circumstances this applies.
- RPS is supportive of a continued relaxation of the wholesaler dealer’s licence requirements in these circumstances.
- For any vaccination service, there should be someone on site who is a registered doctor, nurse or pharmacist who has experience in vaccination and how to deal with any crisis such as anaphylaxis. The current protocol states this and this needs to be continued to assure both patient safety and overall quality of service provision.
- The suggested proposals support a more flexible and inclusive approach for the public and patients with different needs making it easier to access vaccines across the board.

Strategic Workforce Plan for Primary Care Consultation Response | HEIW & SPPC

- As Pharmacy professionals and support staff play a significant and vital role in primary care, working within GP practices and community pharmacy; we look forward to seeing how the strategic primary care workforce plan and pharmacy workforce plan integrate to ensure delivery of a pharmacy workforce fit to meet the needs of the NHS in Wales.
- We support a cohesive and collaborative All Wales approach to promoting careers in primary care alongside careers in the whole of the NHS, inclusive of pharmacy. This must also ensure we capture our community pharmacy colleagues and work in collaboration with independent contractors.
- We are supportive of improving public awareness of the multi-professional workforce and ensuring patients can best access the services they require, in the right setting. Improving public awareness and those of other health professionals of the evolving role of all members of the pharmacy team and the training undertaken will be important. Of particular note is the evolving role of pharmacists, with many undertaking prescribing courses to support patients in primary care in both GP practice settings and community pharmacy, those in the latter, delivering on the clinical services within the community pharmacy contract, 'presgripsiwn newydd'.
- Digital innovation and implementation are key to releasing the clinical potential of our workforce, particularly our pharmacists. Future advances will need both new workforce skills and hardware. We would encourage workforce planning to account for new skills needed in the future, but the 'use-case' is critical before adding to professional training burdens.
- We must ensure we utilise the skills of our pharmacy professionals where they are needed for the benefits of patients. To support the pharmacist prescribing ambitions of 'Pharmacy Delivering a Healthier Wales', a strategy to facilitate increasing the number of DPPs available is needed.
- We felt the following was lacking in the plan
 - Job planning guidance for employers to allow the right balance of service delivery, development of self and others, leadership, research and innovation should be included.
 - There could be a much greater focus on the wellbeing of the workforce. Ensuring all professionals have protected time for service delivery, personal development, development of others, leadership, research, and innovation. Equity of access across all healthcare professions to mental health and wellbeing tools and support is essential.

Mandating quit information messages inside tobacco packs | Office for Health Improvement and Disparities

- Pack inserts have the potential to significantly improve public health outcomes related to smoking.
- We strongly advocate for the prioritisation of comprehensive and accessible smoking cessation services as a vital strategy to enhance the well-being of our population.
- It is our recommendation that all healthcare professionals receive training in this area, ensuring that every opportunity is seized to positively influence smoking behaviours.
- We strongly advocate for mandatory pack inserts for all tobacco products.

- Smoking cessation services have been proven to significantly aid smokers in quitting, however, the availability and accessibility of these services have been facing challenges, and it is paramount to address these gaps promptly.
- Different access to smoking cessation services through highly accessible community pharmacies is available across the devolved nations to patients.
- Government should also work on equipping healthcare professionals with the necessary information about the new inserts, their benefits, and how they align with existing smoking cessation efforts.

Licensing of non-surgical cosmetic procedures | DHSC (England only)

- To better protect individuals who choose to undergo high-risk non-surgical cosmetic procedures, we propose introducing regulations to ensure that these procedures may only be undertaken by qualified and regulated healthcare professionals.
- We agree that categorised high-risk procedures should only be undertaken by qualified and regulated healthcare professionals. However, we are aware that aesthetics is not normally covered in undergraduate training, so we would recommend that all healthcare professionals who undertake these high-risk procedures are suitably trained and qualified and they can demonstrate this.
- Pharmacist practice is regulated by the General Pharmaceutical Council, as are pharmacy premises. If certain practices are to be regulated by CQC then more clarity is needed as to how CQC would work with the GPhC in this area. We understand that GPhC would regulate the individual pharmacists and CQC would regulate the premises and practice, but there is likely to be some overlap, and this needs to be taken into consideration.
- It is useful to categorise the types of procedures in relation to risk to patient safety and harm. We agree with the proposal to cluster procedures into categories and that specific procedures are set out in accompanying guidance.
- If pharmacists are undertaking these procedures within the registered pharmacy, their premises are already regulated by the GPhC. This means that they should not require further licensing by the local authority.
- There needs to be a transparent clarification of professional oversight. We recommend that this means that a regulated healthcare professional, who is a prescriber, always has clinical oversight on the premises so they can make the clinical assessments and clinical decisions and deal with any complications that arise.
- To ensure successful implementation, all aesthetic training providers need to be robustly accredited and properly assessed before their training is made available to practitioners.
- Training needs to be put in place to support non-regulated aesthetic practitioners to progress through the different levels of service provision.
- GPhC recognises aesthetics procedures within the scope of practice for pharmacists. However, the HCPC does not, and clarity is needed around this for other regulated healthcare professionals who are also non-medical prescribers.

Degree apprenticeship consultation workshops | HEIW

- We submitted a letter to HEIW outlining some notable considerations and key points, summarised as follows.
- We recognised the vital role apprenticeships play in developing a workforce, providing a way for people to both learn in practice and study with training to industry standards or to meet the requirements of a relevant regulator.
- We noted the rigorous process of training undergraduates undertake prior to entry to the Pharmacist register, in terms of a Masters degree, foundation training and encompassing the elements of prescribing.
- Potential pharmacy apprentices would need to be subject to the same rigorous requirements as undergraduates pursuing the traditional route, to ensure achievement of the MPharm degree.
- Subsequently, any apprentice route would have to meet all the current requirements for entry onto the pharmacy register, to include foundation training with subsequent assessment, meeting the GPhC standards for Initial Education and training.
- In addition, potential applications to the degree programme of any proposed pharmacy apprenticeship would need to provide comparable academic qualifications to those who apply for a traditional degree route.
- We see several notable considerations and concerns that would need clarification for the profession before consideration could be given to further wider discussions around a degree apprenticeship route for pharmacy. These include,
 - The equivalence of an apprenticeship qualification with the currently available MPharm degrees and post- foundation training programme, to include prescribing.
 - The academic content of a degree funded via an apprenticeship route.
 - The design and ratio of workplace learning versus service delivery in a 5-year programme.
 - The protection for learners on an apprenticeship programme from any potential for exploitation by their employers
 - Funding levels to allow for an increase in clinical placements.
 - Perception by the public of apprenticeships.
- The RPS welcomes any opportunity to explore innovative approaches to education and training and to have constructive dialogue about their development and would like to ensure we are fully engaged with any potential future plans.

Call for Evidence - NHS Scotland Medicines Homecare Review

We shared the refreshed RPS Professional Standards for Homecare Services 2023 and committed to sharing the output of the current open consultation with the Review team when available.

National Pharmacy Board Meeting: 9 November 2023

Title of item	Public Affairs
Author of paper	John Lunny, Ross Barrow, Iwan Hughes
Positions in organisation	Public Affairs Leads
E-mail	John.Lunny@rpharms.com Ross.Barrow@rpharms.com Iwan.Hughes@rpharms.com
Headline summary of paper	To update National Pharmacy Boards on public affairs activity and stakeholder engagement.
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the authors ahead of the meeting.
Risk implications	Engaging with key stakeholders in a fast-moving policy environment.
Resource implications	None over and above staff time

PUBLIC AFFAIRS UPDATE

England

- At the time of writing, the RPS was due to give evidence to a wide-ranging Health Select Committee inquiry into pharmacy on 7 November.
- We attended the Labour Party Conference in Liverpool, where the Director for England spoke at a panel event on vaccines.
- We [wrote](#) to the Health Minister jointly with Pharmacy Schools Council and the British Pharmaceutical Students' Association to call for pharmacy students to be able to access the Learning Support Fund.
- The RPS' legal representative read a [statement](#) to a preliminary hearing of the UK COVID-19 Inquiry. Public hearings are expected to begin in 2024.
- We attended a House of Lords roundtable on vaccines, alongside stakeholders from government, health policy and industry.
- The Pharmacy APPG is due to hold its AGM on 9 November.

Scotland

- RPS, together with Marie Curie, held a parliamentary exhibition to highlight the Daffodil standards. Over the course of three days, we held in depth conversations with 45 MSPs. Jackie Dunbar MSP raised the standards in the Scottish Parliament's debating chamber, and Scottish Government committed to encouraging the roll out of the standards. RPS Scotland is in the process of arranging MSP visits so three MSPs who are particularly interested in the standards can see how they are benefiting patients, families and carers in practice.
- RPS chaired a meeting of the Primary Care Clinical Professions Group in Scotland and agreed a final draft of our joint principles of primary care statement. RPS is leading on the organisation of a Parliamentary Reception in January, which will bring the professions together with Ministers and MSPs, so we can outline our joint vision for the future of primary care in Scotland.
- Laura Wilson, Director for Scotland discussed the future of the pharmacy workforce with the Cabinet Secretary for Health and Social Care and representatives from other health professional bodies, during a panel discussion on the future of the health and care workforce at the SNP conference in Aberdeen on 17 October. Laura highlighted the challenges and opportunities for the pharmacy workforce in Scotland.

Wales

- Both the Welsh Government's Minister for Health and Social Services and Chief Pharmaceutical Officer (CPhO) spoke at our *Pharmacy: Delivering a Healthier Wales* conference in September. They used the platform to outline

their priorities for pharmacy in Wales and to respond to our report on clinical hospital pharmacy services.

- To help inform the Senedd's Health Committee's inquiry into chronic conditions management, we held a drop in event at the Senedd to allow MSs to gain insight from RPS members in the field. We also followed up with a meeting with the Chair of the committee. Our key messages focused on pharmacy's role in early identification and pharmacy leadership in medicines support – particularly for polypharmacy issues for patients with co-morbidities.
- We attended the Chief Pharmacists group to explain and discuss our political activity, as well as to explore how they are their teams can get involved.
- We hosted a visit for Jayne Bryant (Welsh Senedd Member for Newport West) to showcase the first 'net zero' pharmacy in Wales.
- Plaid Cymru's Shadow Health Spokesperson has agreed to support us with a Senedd statement to mark World Antimicrobial Awareness Week.
- Together with the Welsh Government's CPhO, our Director Elen spoke at BOPA's UK Conference to discuss the long-term pharmacy vision in Wales.

National Pharmacy Board meeting – 9 November 2023

Title of item	Sustainability
Author of paper	Elen Jones
Position in organisation	Director for Wales (Director Lead for Sustainability)
Telephone	020 7572 2342
E-mail	Elen.Jones@rpharms.com
Headline summary of paper	Summary of activity since the last National Board Meeting.
Purpose of item (decision / discussion)	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	
Resource implications	Staff & board time.

SUSTAINABILITY

Updates since last meeting

November Updates:

- As discussed below, we have been working on Greener Pharmacy Guides to support pharmacy teams working in community and hospital pharmacies to make their professional practice more environmentally sustainable by reducing carbon emissions.

After many months of drafting and taking evidence on these early drafts from experts, we expect to launch the Guides in Spring 2024.

Before the Guides are launched, we have published an open consultation to provide all of our Members and partners with the opportunity to provide feedback on the final draft.

- The policy report on ‘biodiversity, climate change and health’ by the UK Health Alliance on Climate Change (discussed below), of which we were a member of the working group, was published on September 29.

To mark the launch the EPB Chair took part in a ‘ride for their lives’ cycle around Regents Park with other member representatives of the alliance and took part in a panel discussion with other working group members.

- We hosted a visit for Jayne Bryant (Welsh Senedd Member for Newport West) to showcase the first ‘net zero’ pharmacy in Wales.

Background (Reason for activity and ambitions)

Activity has focused on raising awareness of sustainability issues within pharmacy and medicines, spreading best practice among the profession and collaborative work to encourage the implementation of the recommendations made in our sustainability policies.

- NHS England Green Pharmacy Project: RPS is continuing to develop guidance for both community and hospital pharmacies to support them to become more sustainable and in doing so reduce carbon emissions.
 - The RPS has produced a Greener Pharmacy Guide which we have shared with community and hospital pharmacy expert reference group members for review and feedback. This is a comprehensive document detailing exactly what pharmacy settings can do to become more sustainable.
 - On 30 August, RPS held an expert reference group meeting which was attended by a wide range of stakeholders interested in greener pharmacy work from across GB. This included Superintendents, Government representatives, senior healthcare leaders and RPS Members representing community and hospital pharmacy. This focus group generated a large amount of constructive feedback which is now being used to support the writing of the Guide.
 - Once the feedback from the focus groups has been incorporated into the Guide, RPS will put this out to open consultation. This will take place in the Autumn.
 - Alongside the writing of the Guide, RPS is developing a digital toolkit which will support community and hospital pharmacies to understand exactly how much carbon has been saved as a result of them undertaking specific action as detailed in the Guide.
 - Both the Guide and the digital toolkit are expected to be launched in Spring 2024, (subject to discussions with NHS England who are funding the project).
- UKHACC: We've continued to attend meetings and support initiatives of the UK Health Alliance on Climate Change. Specific initiatives include:
 - The RPS joined other members of the alliance to call on the Prime Minister to withdraw the decision to approve new licences for oil and gas in the North Sea. The letter highlights that health workers are already witnessing the effects of climate change-induced health issues such as high temperatures, extreme weather, and pollution.
 - Membership of a short life working group to support development of a policy position on biodiversity and health. The policy includes a recommendation on pharmaceuticals in water that aligns to our policy on sustainability:

Recommendation: Increase knowledge and understanding of human and ecological risks caused by the presence of pharmaceutical products in water bodies

A launch event coinciding with a 'Ride for their Lives' cycle through London is scheduled for September 29, where an RPS representative will be on a panel discussion hosted at the Royal Collage of Physicians.
- Blister Pack Recycling: RPS staff arranged to meet with Terracycle, a global recycling company that specialises in hard-to-recycle materials, for an update on the blister pack recycling scheme that was rolled back a couple of years ago. The scheme is up and running with recycle boxes available for community pharmacies and hospitals to

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purchase. We did highlight the cost could be a barrier for take up, particularly for independent community pharmacies.

- Sustainability at the Senedd (Welsh Parliament): Arrangements are in place for an event in November at the Senedd to highlight to members the links between medicines and climate change, the work pharmacists are doing to limit environmental harm and to raise awareness of the sustainability guidance in development. Expert members will attend including one of the founders of the Ysbyty Gwynedd Green Group and the pharmacist behind the first net zero community pharmacy in Wales.
- RPS Scotland and RCGP Scotland Sustainability Event: On 27 June, RPS Scotland, in conjunction with colleagues at RCGP Scotland hosted an evening reception at 44 Melville Street to celebrate the work that has been done so far across professional bodies and Government to advance the sustainability of healthcare, and in particular, move towards more sustainable prescribing. We were joined at the event by a number of prominent speakers including Jason Leitch, Scotland's National Clinical Director, Alpana Mair of Scottish Government and Gillian MacKay MSP, Scottish Greens Health and Social Carer Spokesperson.
- Scottish Parliamentary Reception on Sustainability: RPS Scotland is planning a Parliamentary Reception at Scottish Parliament in December to raise awareness amongst MSPs of the work RPS is leading on to make prescribing greener. The event is being sponsored by Gillian Mackay MSP.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)				Overall RAG
Reporting period				
Risks / issues/				
Project deliverables		Progress summary	Next Steps:	
1.	NHSE green guidance	Undertaking stakeholder engagement	Oen consultation	
2.	Partnership working	Collaborating through the UKHACC	ongoing	

Advice requested from Board:	none
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	At risk of not being delivered
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				Delayed
				On plan

National Pharmacy Board meeting –9 November 2023

Title of item	Workforce Wellbeing
Author of paper	Heidi Wright
Position in organisation	Practice and Policy Lead, England
Telephone	02075722299
E-mail	heidi.wright@rpharms.com
Headline summary of paper	To provide an update on Workforce Wellbeing activity (WWB) since the previous board meeting in September 2023
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	RPS, as the professional leadership body, must lead on this important issue for the profession.
Resource implications	RPS staff

WORKFORCE WELLBEING

Background

The overarching aim of the RPS workforce wellbeing workstream is to support and improve the wellbeing and mental health of pharmacists, for both the current workforce and future generations.

Since 2019 we have undertaken an annual workforce wellbeing survey in collaboration with Pharmacist Support. Following the results from these surveys we have developed our policy asks and then advocated for change. Progress has been made in several areas. The RPS have been successful in gaining access to national support for mental health and wellbeing across all three countries. This support was made available to pharmacists and their teams during the pandemic and continues to be available for all to access.

The RPS Inclusion and Wellbeing Pledge supports an environment that is conducive to good workforce wellbeing, and we have developed resources to help the implementation of this, such as a support tool for workforce wellbeing in the workplace.

We have also published blogs that demonstrate ways in which positive workforce wellbeing can be achieved.

Summary of activity /achievements to date

- Publication of the [report](#) following the Workforce Wellbeing Roundtable in collaboration with Pharmacist Support
- Publication of joint [position statement](#) on impact of pharmacy workforce wellbeing on patient safety
- Launch of WWB survey 2023 on 16 October 2023.
- Ongoing access to nationally funded mental health and wellbeing support for pharmacists and their teams across Great Britain
- Annual Workforce Wellbeing Survey in 2019, 2020, 2021 and 2022
- Analysis of results and production of a report following the surveys (more information at <https://www.rpharms.com/recognition/all-our-campaigns/workforce-wellbeing>)
- Development of policy asks and advocating for change

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- Establishment of Workforce Wellbeing Action group formed from RPS members with an interest in mental health and wellbeing. Held a meeting on Wednesday 25 October to discuss the findings from the roundtable report.
- Development of resources highlighted on [RPS wellbeing hub](#)
- Several blogs to demonstrate Workforce Wellbeing in action.
- RPS Inclusion and Wellbeing pledge and ongoing work around the implementation of the pledge
- Wellbeing zone and morning session at RPS conference in collaboration with Pharmacist Support

Next steps

- Encouraging pharmacists to complete the WWB 2023 survey
- Bringing key stakeholders together again in early 2024
- Explore alignment between workforce and workforce wellbeing projects in terms of advocacy and policy asks
- Production of a report following the survey results
- Continue to work collaboratively with Pharmacist Support, exploring opportunities to undertake joint working and running learning events with them in 2024
- Continue to engage with members via the Workforce Wellbeing Action Group (WWAG)
- Continue to engage and collaborate with key stakeholders to advocate for change

Conclusion:

Workforce Wellbeing is a priority for RPS and we will continue to lead and engage in this area




RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)	Workforce Wellbeing	Overall RAG
Reporting period	June 2023 – September 2023	
Risks / issues/	Risk around impact and change based on advocacy and policy not being seen or felt in everyday practice	

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		Working with key stakeholders to bring about long-lasting change	
Project deliverables		Progress summary	Next Steps:
1.	Continue to engage with key stakeholders	In progress	Undertake to hold another roundtable meeting early 2024
2.	Work with PS to develop a series of learning events for RPS members	In progress	Ongoing regular meetings with PS and wellbeing zone at RPS conference
3.	Develop member WWB survey for 2023	In progress	Survey launched 16 October 2023
4.	Analyse survey data and write report	Yet to start	Will be progressed following data collection from survey when survey closes

Advice requested from Board:	
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	At risk of not being delivered
	Delayed
	On plan

National Pharmacy Board meeting – 9 November 2023

Title of item	Community Pharmacy Quality Improvement Standards for Palliative and End of Life Care (Daffodil Standards)
Author of paper	Darrell Baker
Position in organisation	Project lead RPS Wales
Telephone	+44 (0) 207 572 2348
E-mail	Darrell.Baker@rpharms.com
Headline summary of paper	Following the launch of the Community Pharmacy Quality Improvement (“Daffodil”) Standards for palliative and end of life care on 22 nd May 2023 (part of a UK-wide partnership project with Marie Curie UK), the project has moved to the implementation phase. With over 450 “sign ups” to date, funding has been agreed to support promotion, implementation and share learning. We are currently developing further support materials.
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	N/A
Resource implications	Marie Curie UK are funding a contract with RPS for a further 2 years to support the ongoing development and publish supporting materials.

Additional activity since September NPB Meeting	
-	Approaching 500 sign ups- to communicate with all to establish subsets of key participants and establish best ways to support implementation and grow engagement
-	A short life working group to support implementation in NHS Wales has been established (first meeting 19 th October). The actions agreed will be replicated across other regions e.g. Scotland, Cornwall.

- Discussions with Northern Ireland progressing with the aim of launching across NI early 2024
- Positive discussion with NPA Chair about engagement and implementation
- Further discussion about impact evaluation and supporting research activity (with a R&D subgroup of the Steering Group)

Title-

Community Pharmacy Quality Improvement (“Daffodil”) Standards for Palliative and End of Life Care.

Background (Reason for activity and ambitions)

A fundamental human right is that we have a good end of life experience. This work builds on the accessibility and existing healthcare skills of the community pharmacy team. It aligns to the established RCGP and Marie Curie ‘Daffodil Standards for advanced serious illness and end of life care’ for GP Practices. The standards are a blend of quality statements, evidence-based tools, reflective learning exercises and quality improvement steps. They aim to help the whole community pharmacy team self-assess, develop and continuously improve their practice to offer the best end of life and bereavement care for patients and their carers.

A multi-professional steering group helps drive this work forward and the quality improvement standards were launched on 22nd May 2023. With over 450 sign ups already, work is ongoing to engage with key stakeholders, trade organisations and peer influentials to raise awareness and support implementation.

Further development work started or planned for 2023-4 includes

- establishment of a support network of facilitators to work with community pharmacies “on the ground”,
- quality improvement project template for Foundation Pharmacists across the UK
- negotiation with key stakeholders to deliver community pharmacy read-write access to patient records
- improve infrastructure for robust access to EOL medicines
- working with Marie Curie to consider the best ways to support improvement in medicines management for EOL care in care homes
- develop and deliver e-learning and face-to-face material to support effective implementation
- geo-mapping to ensure equality of access and to identify collaborative working opportunities with general practice.

Summary of activity /achievements to date

- Regular (fortnightly) core project group meeting held (including Marie Curie UK project manager)
- Key stakeholders (including CPEAG) and steering group member engagement
- First draft standards consulted, re-drafted and published (May 2023)
- Supporting and enabling materials identified and developed
- RPS website developed and information sharing protocol agreed with Marie Curie UK
- Project lead presented at RPS Conference (November 2022), Westminster Health Forum and Marie Curie Research Conference
- Raised political profile through Senedd and Scottish parliament sessions (the latter mid September 2023)
- Joint communications plan ongoing (Spring-Summer 2023)

Next steps

- Ongoing support for sign up and implementation through network of facilitators
- Support for participants including country-specific “blogs” to share experiences and individual journeys
- Stakeholder engagement for community pharmacy read-write access to patient record
- Publicity campaign on infrastructure to support robust access to EOL medicines
- Development of a QI project template for Foundation Pharmacists
- Impact assessment and analysis, with development of a “theory of change”, through an R&D subgroup of the Steering group.
- Patient and public engagement to support implementation and evaluation of work completed.
- Further awareness-raising conference presentations planned.

Conclusion:

Ongoing development project to support improved standards of palliative and end of life care through community pharmacies across the UK. Partnership project with Marie Curie UK and in collaboration with RCGP.

Advice requested from Board:	For noting
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	At risk of not being delivered
	Delayed
√	On plan

National Pharmacy Board meeting – 9 November 2023

Title of item	Membership Update
Open, confidential or restricted item	Open
Author of paper	Neal Patel
Position in organisation	Associate Director, Membership
Telephone	+44 (0) 207 572 2335
E-mail	Neal.patel@rpharms.com
Item to be led at the meeting by	Neal Patel
Purpose of item (for decision or noting)	Noting
Headline summary of paper	Membership

New initiatives for this month include:

1 A trial of LinkedIn advertising

2 An improvement in Foundation Trainee proposition that now includes revision and mock exams.

3 Proactive media engagement on antibiotic allergy that has made the most of the expertise of our antibiotic experts.

I would be more than happy to give more information about these items at the board meeting.